

# MONTANA YOUTH SUBSTANCE ABUSE AND VIOLENCE ASSESSMENT REPORT

October 2011



Prepared by  
Turner and Associates • 800 E. Sixth Avenue • Helena • Montana • 59601  
(406) 443-8096 • [turnerandassocmt@aol.com](mailto:turnerandassocmt@aol.com)  
for the Montana Office of Public Instruction

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# MONTANA YOUTH SUBSTANCE ABUSE AND VIOLENCE ASSESSMENT REPORT

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## EXECUTIVE SUMMARY

### INTRODUCTION

In October 2010, the Montana Office of Public Instruction (OPI) was awarded a one-year grant from the U.S. Department of Education to enhance its support of efforts by local schools to prevent substance abuse and violence in schools. In partnership with the Montana Department of Public Health and Human Services, the OPI used the grant funding to help launch the Montana Substance Abuse and Violence Prevention (MSAVP) Task Force representing a broad cross-section of state public and nonprofit agencies whose work promotes the health and safety of Montana students.

This report examines key findings relative to school environment and student behavior as a starting point for understanding where the Montana Substance Abuse and Violence Prevention (MSAVP) Task Force might focus its work to achieve the greatest impact for local schools.

### KEY FINDINGS

**#1: An increasing percentage of Montana youth is making good decisions about alcohol use.**

- The number of Montana youth who have *ever tried alcohol* is decreasing steadily and substantially
- The number of Montana youth who have *drunk alcohol in the past 30 days* also is steadily decreasing
- *Binge drinking* (consuming 5 or more drinks in under two hours) is steadily declining among Montana youth, significantly at the high-school level
- Also declining steadily is the percentage of Montana youth who engage in the problem behaviors of *drinking and driving* and *riding in a vehicle driven by someone who has been drinking*
- Reported alcohol-related suspensions from high school also have declined significantly (35percent) since the 2006/07 school year

**#2: Fewer Montana teens are smoking cigarettes.**

- There is a steady and significant decrease in the number of Montana youth who have ever smoked a cigarette
- The percentage of Montana youth who have smoked a cigarette in the past 30 days is also steadily decreasing

**#3: Bullying is a growing problem for Montana youth.**

- 2011 marked only the second year that Montana students have been surveyed about bullying, yet the percentage of students who report being bullied on school property during the past year increased significantly since 2009, particularly at the middle-school level and among students with disabilities
- There also is an increase, though not so large, in the number of students who report being electronically bullied in the past 12 months
- About half of middle-school students and more than one-third of high-school students report that bullying is a problem at their school
- More than 50 percent of students in grades 8, 10, and 12 are at risk because of a perception that their parents have attitudes favorable to antisocial behavior

**#4: High-school students who attend alternative schools report higher percentages of use of illegal substances and greater rates of participation in problem use and violence than do other students.**

- The percentage of high-school students who have ever used illegal substances is highest among students attending alternative schools

- The percentage of high-school students who have used illegal substances in the past 30 days is highest among students attending alternative schools
  - The percentage of high-school students engaging in problem alcohol, tobacco, and other drug (ATOD) use is highest among students attending alternative schools
  - Students attending alternative schools also are involved in more acts of violence and engaged in more suicidal behaviors than their peers at other schools.
- #5 Native American high-school students use tobacco and other drugs and are involved in acts of violence and suicidal behavior at a rate about twice that of high-school students in general.**
- More than 74 percent of Native American students attending school on or near reservations have smoked a cigarette, and more than one quarter of them have smoked daily
  - More than 68 percent of Native American students attending school on or near reservations have smoked marijuana, and 43 percent have smoked it in the past 30 days
  - More than half of Native American high-school students attending school in urban areas have used prescription drugs without a prescription
  - More than 15 percent of Native American students have attempted suicide
- #6: Montana schools provide strong protective factors for students.**
- Montana students report substantial opportunities for prosocial involvement, with a trend of increasing opportunities over time
  - Except at grade 12, Montana students report significantly higher rewards for prosocial involvement than they did a decade ago

## CURRENT STATEWIDE INITIATIVES

Sub<sup>TM</sup>stance abuse and violence prevention is closely tied to the success of Montana's academic initiatives such as Graduation Matters Montana, the State of Montana's Interagency Coordinating Council, the Montana Behavioral Initiative, and the My Voice<sup>TM</sup> survey. Montana already is involved in a number of statewide efforts to reduce aspects of drug abuse and violence, including: the Creating Change Project, prescription drug abuse, the Montana Meth Project, suicide prevention, dating violence prevention, and gang violence prevention.

## EMERGING TRENDS AND OPPORTUNITIES

Influences and opportunities that may affect the work of the Task Force include:

- cultural responsiveness to needs and attention to disparate health and academic outcomes, which are correlated with poverty, especially among adolescents from minority racial and ethnic groups
- increased focus on the use of positive youth development interventions
- stronger integration and networks of support among all agencies that service youth and their families
- opportunities for federal funding to prevent student drop out and promote student health and wellness, prevent bullying, violence, and drug use, and foster a positive school climate

## RECOMMENDATIONS TO THE SUBSTANCE ABUSE AND VIOLENCE PREVENTION TASK FORCE

1. Continue existing, successful strategies
2. Gather additional data, such as law enforcement and academic success at alternative schools
3. Monitor key data for indicators of concern that do not yet demonstrate strong trends, such as marijuana and prescription drug use and suspensions/expulsions
4. Tie Task Force efforts to existing prevention goals
5. Encourage schools to partner with others in comprehensive approaches
6. Devote attention to students who attend alternative schools
7. Encourage cultural responsiveness and inclusion of racial and ethnic minority students
8. Expand efforts to reduce bullying
9. Intentionally build protective factors in the school environment

## PREFACE

In October 2010, the Montana Office of Public Instruction (OPI) was awarded a one-year grant from the U.S. Department of Education to enhance its support of efforts by local schools to prevent substance abuse and violence in schools. In partnership with the Montana Department of Public Health and Human Services, OPI used the grant funding to help launch the Montana Substance Abuse and Violence Prevention (MSAVP) Task Force.

The Task Force now includes 30 members representing a broad cross-section of state public and nonprofit agencies whose work promotes the health and safety of Montana students. Its goals include:

1. Maintain a state prevention infrastructure
2. Plan strategically to compensate for the loss of ESEA Title IV-A funds
3. Build state capacity to support LEAs and communities

The Task Force has devoted this first year to developing an effective network for:

- identifying, understanding, and assessing the state's existing youth prevention infrastructure
- detecting gaps and weaknesses
- eliminating areas of duplication
- chronicling best practices and model interventions, and
- preparing to build and maintain the state's support of schools in their work to create safe and healthy learning environments

This report is a part of that effort.

## INTRODUCTION

Student success in school is the result of student aspirations, engagement, and achievement. Too often, students don't reach their goals and fullest potential because the conditions that inspire, engage, and support them are not in place.<sup>i</sup>

The Montana Substance Abuse and Violence Prevention (MSAVP) Task Force is committed to supporting schools as safe and healthy havens for successful teaching and learning, free of crime and violence, that support students in making healthy choices.<sup>ii</sup> Student academic success depends upon school environments that provide a safe and healthy environment, recognize the human developmental process, and promote positive development.

Students need—and are equipped to master—different kinds of learning at different stages of development:

- Early childhood, middle childhood, and adolescence represent the three stages of child development. Each stage is organized around the primary tasks of development for that period. *Early* and *middle* childhood provide the physical, cognitive, and social-emotional foundation for lifelong health, learning, and well-being. *Early childhood* (usually defined as birth to age 8) is a time of tremendous physical, cognitive, and socio-emotional development. This is the period when young children reach developmental milestones that include emotional regulation and attachment, language development, and motor skills. All of these milestones can be significantly delayed when young children experience environmental stressors and other negative risk factors.

These stressors and factors can affect the brain and may seriously compromise a child's physical, social-emotional, and cognitive growth and development.

- *Middle childhood* (usually defined as ages 6 to 12) is a time when children develop skills for building healthy social relationships and learn roles that will lay ground work for a lifetime. More than any other developmental period, early and middle childhood set the stage for health literacy, self-discipline, eating habits, conflict negotiation, and the ability to make good decisions about risky situations.<sup>iii</sup>
- *Adolescence* is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. Because they are in developmental transition, adolescents (ages 10 – 19) and young adults are particularly sensitive to environmental—that is, contextual or surrounding—influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues, can either support or challenge young people's health and well-being. Supporting the positive development of young people helps them adopt healthy behaviors that can ensure a healthy and productive future adult population.<sup>iv</sup>

School is more than a physical facility. The *social environment* within the facility affects students' attendance, academic achievement, and behavior. A school environment that intentionally promotes safety and health increases student engagement with school and protects against risky behaviors and dropping out.<sup>v</sup> And, there are benefits beyond the school, because any instance of crime or violence at school affects not only the individuals directly involved, but also may disrupt the educational process and affect bystanders, the school itself, and the surrounding community.<sup>vi</sup>

**The school social environment is tightly linked to student academic success. But, we know that there also is a strong correlation between academic success and youth avoidance of substance abuse and violence.** Students who get higher grades tend not to use illegal substances or engage in violent behavior<sup>vii</sup>; students who do not use illegal substances or engage in violent behavior tend to get high grades.<sup>viii</sup>

It is known that, as the number of adverse childhood experiences increases, the risk for a number of health problems—including alcoholism and alcohol abuse, illicit drug use, risk for intimate partner violence, smoking, early initiation of smoking, early initiation of sexual activity, adolescent pregnancy, and suicide attempts—increases.<sup>ix</sup> It is intuitive that racial/ethnic culture also plays a role in substance abuse by youth. Research on this topic is scarce; however, in 2001 the U.S. Surgeon General released a report on minority health that emphasizes that cultural variables operate as significant factors in the mental and behavioral health of minority people.<sup>x</sup>

This report examines key findings relative to school environment and student behavior as a starting point for understanding where the Montana Substance Abuse and Violence Prevention (MSAVP) Task Force might focus its work to achieve the greatest impact for local schools.



## APPROACH AND METHODOLOGY

In late June 2011, the Montana Office of Public Instruction contracted with Turner and Associates to conduct an assessment of available data to provide an accurate focus for the work of the Montana Substance Use and Violence Prevention Task Force. This report is not intended to itemize every behavior of potential concern. Rather, it is intended to identify areas of need and opportunity where the Task Force can focus its work for the greatest impact in the school environment.

Because of the short time frame and limited budget, the approach was confined to an assessment of available data, most of which was secured by the Health Enhancement and Safety Division of the Montana Office of Public Instruction and much of which was provided by Task Force members. (Please see the attached *Bibliography* for a full list.) As a result, it is likely that valuable data were missed. The Health Enhancement and Safety Division apologizes for these inevitable omissions and invite agencies to provide additional information that can improve our understanding of substance abuse and violence prevention.

The available data were gathered through a wide range of mechanisms using different data sets, language, sampling strategies, and protocols. This means that, for the most part, they cannot be accurately compared and contrasted. However, they *can* be used to reveal data gaps, complement information, and support findings.

All data were reviewed through the following sub-category sorts designed to elevate findings most immediately relevant to preventing student substance abuse and violence:

1. Lifetime Use (the percentage of students who have ever tried a substance)
2. Thirty-Day Use (the percentage of students who have used a substance in the thirty days preceding the survey)
3. Problem ATOD Use (the percentage of students who have engaged in the key alcohol, tobacco, and other drug use indicators identified in the research of Hawkins and Catalano):
  - a. Binge drinking (consuming five or more alcoholic drinks within two hours)
  - b. Smoking a half-pack of cigarettes or more per day on the days when a student smoked
  - c. Drinking and driving
  - d. Riding in a motorized vehicle with a driver who has been drinking
4. Problem Antisocial Behavior (the percentage of students who have engaged in the key behavior indicators identified in the research of Hawkins and Catalano):
  - a. Been drunk or high at school
  - b. Been suspended from school
  - c. Sold illegal drugs
  - d. Stolen or tried to steal a motor vehicle
  - e. Been arrested
  - f. Attacked someone with the idea of seriously hurting them
  - g. Carried a handgun
  - h. Carried a handgun to school
5. Risk Factors (percentage of students at “high risk” and student risk factors in the school domain). Risk factors are characteristics of school, community, and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school drop-out, and violent behaviors among youth.<sup>xi</sup> *High-risk youth* are those who have nine or more risk factors at grade 8 or ten or more risk factors at grades 10 and 12.<sup>xii</sup>
6. Protective Factors (percentage of students with “high protection” and protective factors in the school domain). Protective factors are characteristics of school, community, and family environments, and of students and their peer groups known to predict increased likelihood of a

positive buffer against risk, thus reducing the likelihood that youth will engage in problem behaviors.<sup>xiii</sup> *High-protection youth* have six or more protective factors operating in their lives.<sup>xiv</sup>

7. Other acts of violence

Where available, data were also reviewed by gender, grade level, race/ethnicity, disability, and type/location of the school where the survey was administered (e.g., American Indian attending urban high school, American Indian attending high school on or near the reservation, alternative high school).

Data indicating more than 10 percent involvement or incidence higher than comparable nationwide or regional data were further researched for multi-year trends. Data with strong multi-year trends and data results supported by other sources were elevated as key findings.



## KEY FINDINGS

- #1: An increasing percentage of Montana youth is making good decisions about alcohol use.**
- #2: Fewer Montana teens are smoking cigarettes.**
- #3: Bullying is a growing problem for Montana youth.**
- #4: High-school students who attend alternative schools report higher percentages of use of illegal substances and greater rates of participation in problem use and violence than do other students.**
- #5: Native American high-school students use tobacco and other drugs and are involved in acts of violence and suicidal behavior at a rate about twice that of high-school students in general.**
- #6: Montana schools provide strong protective factors for students.**

## #1: An increasing percentage of Montana youth is making good decisions about alcohol use.

Montana's efforts to reduce underage drinking are paying off.

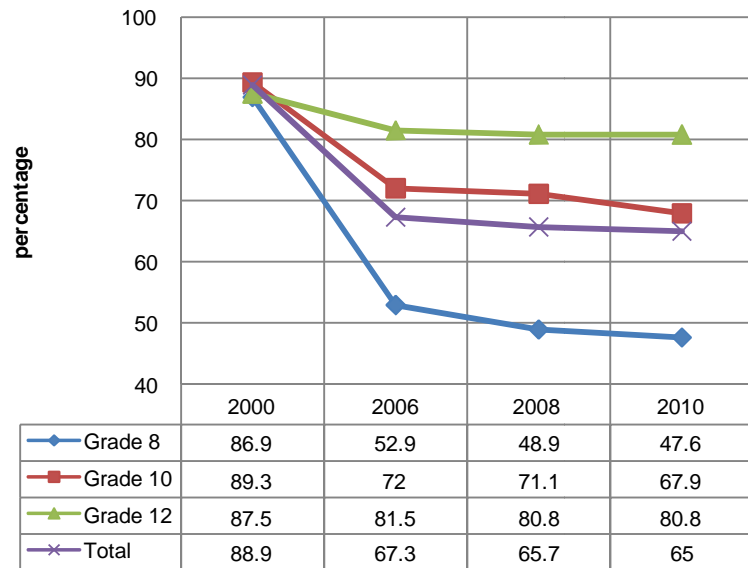
The number of Montana youth who have *ever tried alcohol* is decreasing steadily and substantially at all grade levels, among all races and ethnicities, and across all types of instructional settings except for alternative schools. The decline parallels a nationwide and regional decrease in the percentage of students who have ever tried alcohol.

The number of Montana youth who have *drunk alcohol in the past 30 days* also is steadily decreasing at all grade levels, among all races and ethnicities, and across all types of instructional settings except for alternative schools. The decline parallels a nationwide and regional decrease in the percentage of students who have drunk alcohol in the past 30 days.

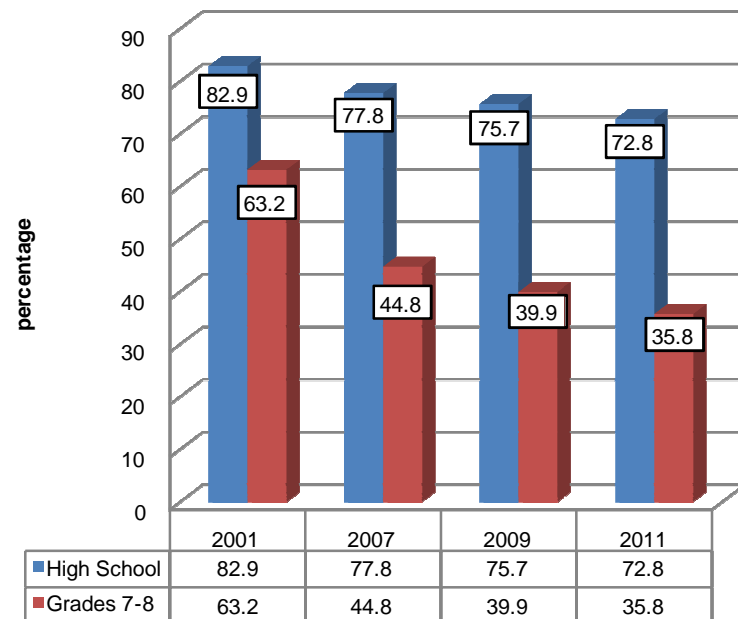
*Binge drinking* (consuming 5 or more drinks in under two hours) is steadily declining among Montana youth, at all grade levels—significantly at the high-school level—and among all races and ethnicities, and across all types of instructional settings.

Also declining steadily is the percentage of Montana youth who engage in the problem behaviors of *drinking and driving* and *riding in a vehicle driven by someone who has been drinking*.

**Students Who Have Ever Tried Alcohol**  
Montana Prevention Needs Assessment



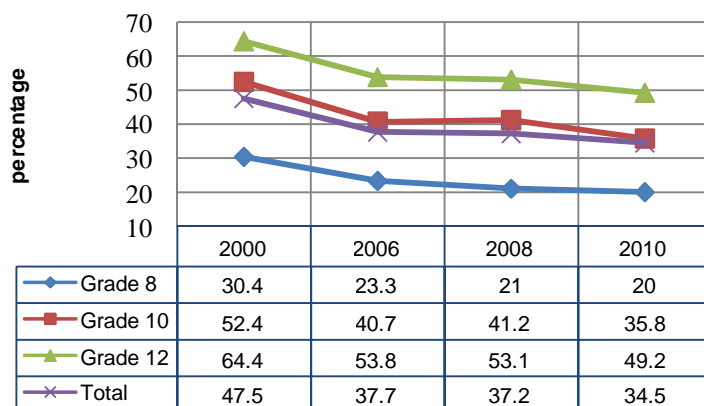
**Students Who Have Ever Tried Alcohol**  
Montana Youth Risk Behavior Survey



Alcohol-related suspensions from high school also have declined significantly (35 percent) since the 2006/07 school year.<sup>xv</sup>

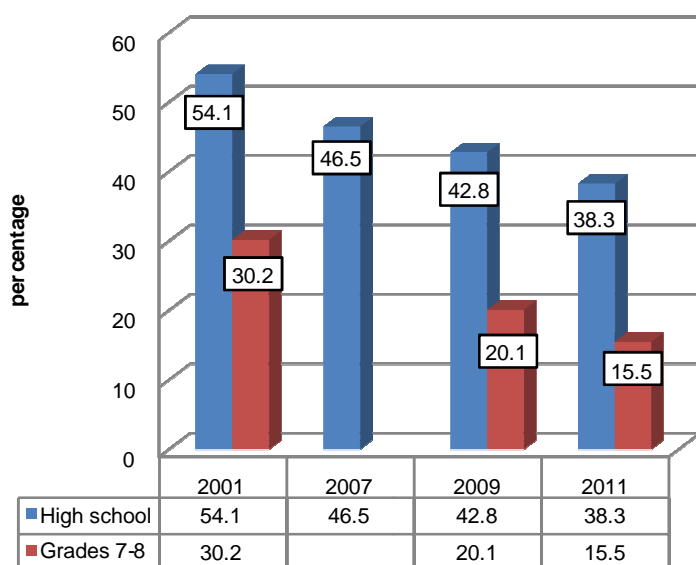
### Students Who Drank Alcohol in the Past 30 Days

Montana Prevention Needs Assessment



### Students Who Drank Alcohol in the Past 30 Days

Montana Youth Risk Behavior Survey



### Why is this important?

It's illegal to buy alcohol in the United States until the age of 21, so teens who drink put themselves at risk for obvious problems with the law. But, health consequences are an even greater risk:

- Internal organs can be poisoned.
- The liver can be damaged.
- The heart can beat so irregularly that it can stop.
- The body can lose temperature causing hypothermia.
- Too little sugar in the body can cause coma and seizures.
- Breathing can become so shallow or slow that it can stop.
- If teens vomit when they are unconscious, the body cannot get the oxygen it needs, and brain damage or death results.<sup>xvi</sup>

Alcohol abuse has a major impact on individuals, families, and communities. The effects of abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide<sup>xvii</sup>

Nationwide, alcohol abuse far exceeds illicit drug abuse. (The only group at an equally high risk for both is American Indian youth.) And, it is a serious problem among rural youth.<sup>xviii</sup>

Alcohol kills more male teenagers and young men than any other drug taken to affect mood and behavior (heroin, cocaine, marijuana). Most alcohol-related deaths and injury are caused by the way youths behave when under its influence: they fight more, drive more recklessly, and engage in more risky behaviors. Alcohol use is a primary risk factor for the three leading causes of death among youth: unintentional injuries (including motor vehicle crashes and drowning), suicides, and homicides.<sup>xix</sup> In Montana in 2008, nearly one in five injuries occurring in a motor vehicle accident was alcohol-related.<sup>xx</sup>

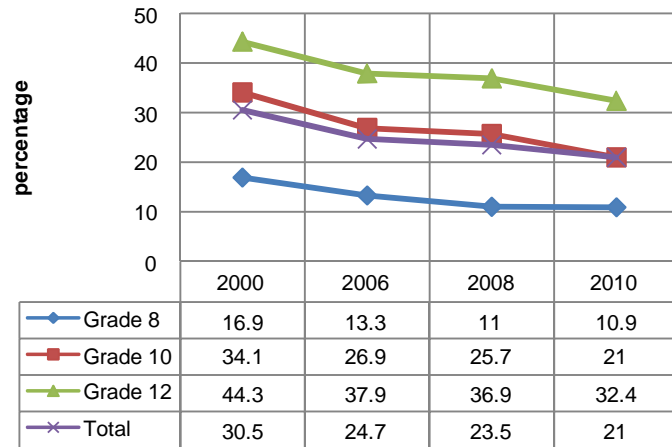
## Resources and Supports

This increase in positive choices concerning alcohol is the result of the conscious application of model and proven alcohol reduction programs; common sense, *ad-hoc* measures; and spin-off impact from other efforts, including, but not limited to:

- 85 percent of Montana schools with a staff person dedicated to coordinating school health and safety programs (most funded through the recently eliminated ESEA Title IV Part A *Safe and Drug Free Schools* grant)<sup>xxi</sup>
- Competitive federal Drug Free Communities support grants in 20 Montana communities
- Teachers dedicated to educating students about the facts related to alcohol abuse:
  - 98 percent of middle schools and 100 percent of high schools have teachers who tried to increase student knowledge on alcohol or other drug use prevention
  - In 41 percent of schools, a lead health education teacher received professional development on alcohol or other drug prevention during the past 2 years
  - In 70 percent of schools a lead health education teacher would like to receive professional development on alcohol or other drug prevention<sup>xxii</sup>

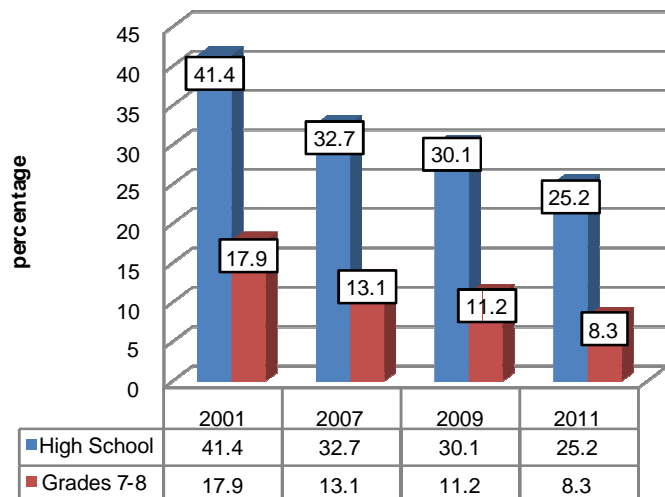
## Students Who Drank 5 or More Drinks in a Row in the Past 2 Weeks

Montana Prevention Needs Assessment

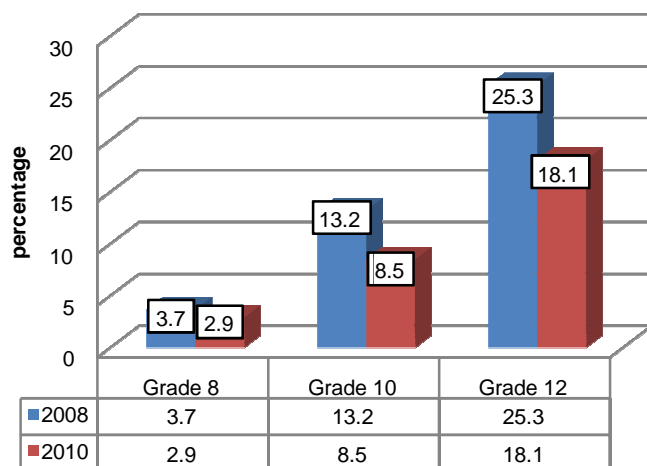


## Students Who Had 5 or More Drinks in a Row in the Past 30 Days

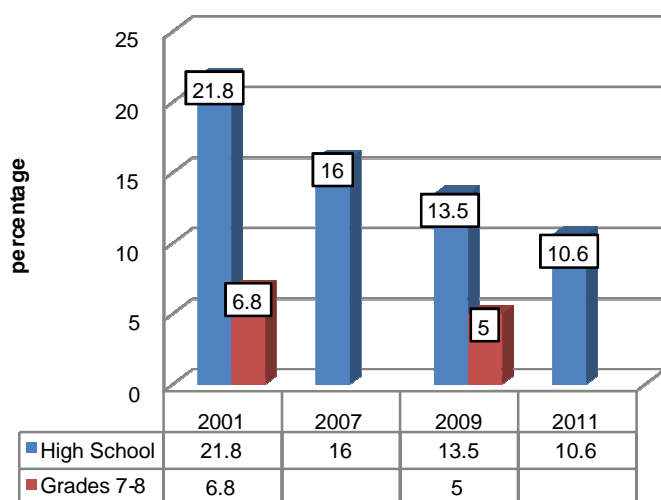
Montana Youth Risk Behavior Survey



### Students Who Drove After Drinking Alcohol in the Past 30 Days Montana Prevention Needs Assessment



### Students Who Drove After Drinking Alcohol in the Past 30 Days Montana Youth Risk Behavior Survey



## Goals and Benchmarks

The State of Montana's Interagency Coordinating Council (ICC) and the national Healthy People 2020 (HP2020) initiative have established goals related to reducing underage alcohol use.

### Interagency Coordinating Council

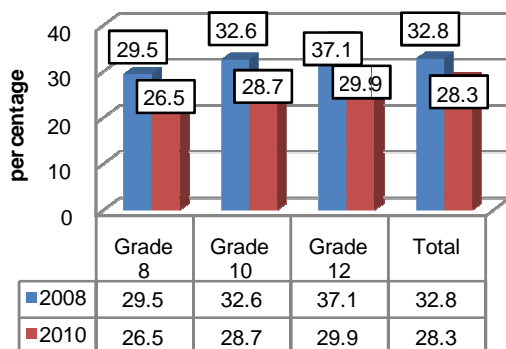
- ICC Goal 2 – Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles
  - Benchmark A: By 2020 decrease number of high-school students who report using alcohol in the past 30 days by 10 percent from 1999 baseline<sup>xxiv</sup>
  - Benchmark B: Decrease the percentage of students who use alcohol before the age of 13 by 10 percent from 1999 baseline<sup>xxv</sup>

### HP2020: Substance Abuse Goals

- 2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time by 10 percent by 2020
- 2.3 Increase the proportion of high school seniors never using alcoholic beverages by 10 percent by 2020
- 3.1-3.3 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day by 10 percent by 2020
- 4.1 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with consuming five or more alcoholic drinks at a single occasion once or twice a week by 10 percent by 2020
- 14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks by 10 percent by 2020
- 14.4 Reduce the proportion of adolescents aged 12 to 17 years engaging in binge drinking during the past month by 10 percent by 2020 as measured by the National Survey on Drug Use and Health<sup>xxvi</sup>

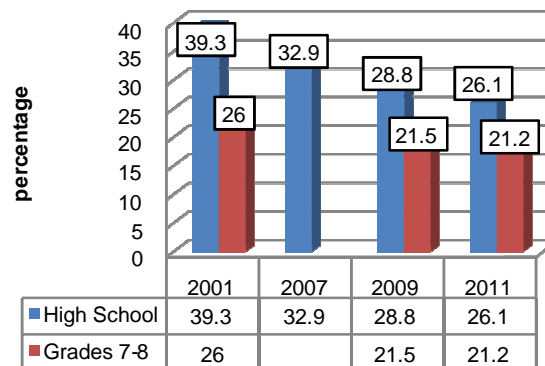
### Students Who Rode with a Driver Who Had Been Drinking (past 30 days)

Montana Prevention Needs Assessment



### Students Who Rode with a Driver Who Had Been Drinking (past 30 days)

Montana Youth Risk Behavior Survey



## Conclusion and Recommendations

Montana cannot afford to rest on its laurels when it comes to alcohol prevention. Every school year brings a new generation of students who must be educated about alcohol abuse. And, every school year brings thousands of other students who must be re-educated and reminded about the dangers of alcohol abuse.

While Montana has reason to be proud of its accomplishments regarding underage drinking, there is still much to do. In every measure of alcohol use, Montana students fare worse than their peers nationwide or in the eight-state Montana Prevention Needs Assessment region. Montana students in grades 8, 10, and 12 also are at higher risk than their peers in our eight-state region because of 1) their own and peer attitudes favorable to alcohol use, 2) a perception that parent attitudes favor alcohol use, 3) low perceived risks associated with alcohol, and 4) their own intentions to use alcohol in the future.<sup>xxvii</sup>

This means that Montana should continue the approaches that are proving effective in reducing underage drinking. Special attention should be focused on students attending alternative schools. This is the only population in Montana that is not improving decisions related to alcohol. Model programs, such as Project Success, are designed especially for this population. The Task Force also might consider expanding its data collection to include law enforcement data such as adolescent DUI citations and other alcohol-related violations of the law.

## #2: Fewer Montana teens are smoking cigarettes.

Montana continues to make strong inroads to prevent tobacco use among teens. While smokeless tobacco use is on an uneven decrease over time, there is a steady and significant decrease in the number of Montana youth who have ever smoked a cigarette. The decrease is reflected at all grade levels, among all races and ethnicities, and across all types of instructional settings except for alternative schools. The decline parallels a nationwide and regional decrease in the percentage of students who have ever tried cigarettes.

The percentage of Montana youth who have smoked a cigarette in the past 30 days is also steadily decreasing at all grade levels, among all races and ethnicities, and across all types of instructional settings except for alternative schools. The decline parallels a nationwide and regional decrease in the percentage of students who have smoked a cigarette in the past 30 days.

### Why is this important?

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses.<sup>xxviii</sup>

Short-term effects of smoking include more frequent respiratory illnesses such as coughs, colds, bronchitis, and pneumonia. Long term, smoking can cause lung cancer and cancer of the mouth and throat. It increases the risk for stomach, kidney, bladder, cervical, and pancreatic cancer. About one third of all cancers are linked to tobacco use—and 90 percent of lung cancers are linked to smoking.

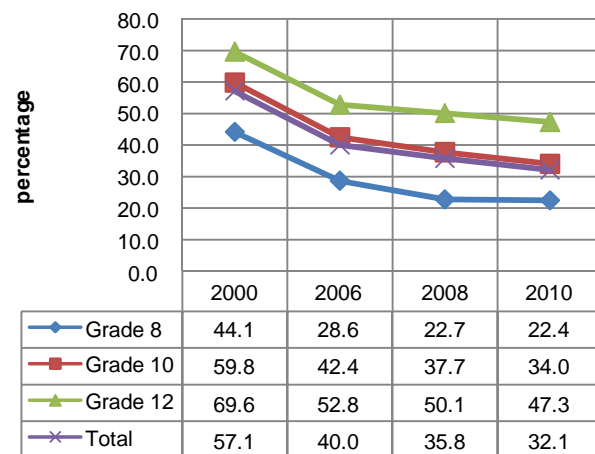
Smoking also causes chronic obstructive pulmonary disease, which is severe lung damage. Smoking reduces blood circulation and narrows blood vessels, depriving the body of oxygen and increasing the risk for heart disease. Smoking also doubles the risk for stroke and increases the risk for developing cataracts.

Teens are especially vulnerable to the hazards of smoking. Because their bodies are not fully mature, smoking interferes with normal lung development in those who begin smoking as children or adolescents. Young people who smoke may become more strongly addicted to cigarettes and face an even greater risk for developing lung cancer than those who start smoking later in life.

Teenagers who smoke are more likely to have depression or other psychological problems. They are also more likely to engage in other dangerous behaviors, such as using alcohol and other drugs.<sup>xxix</sup>

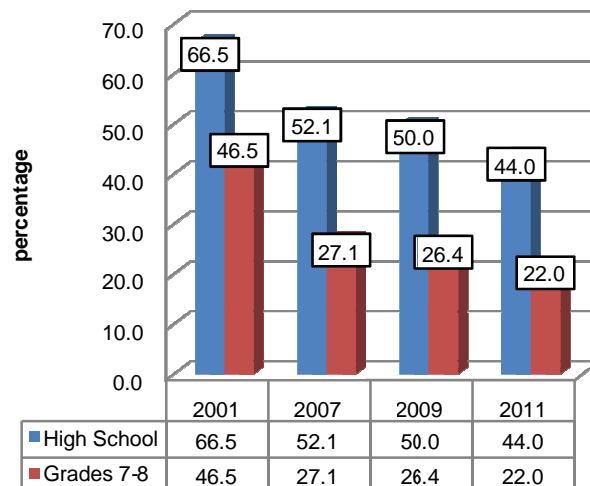
### Students Who Ever Tried Smoking

Montana Prevention Needs Assessment



### Students Who Ever Tried Smoking

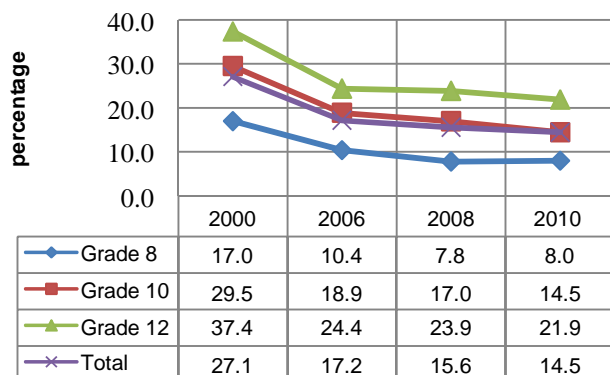
Montana Youth Risk Behavior Survey





## Students Who Smoked in the Past 30 Days

Montana Prevention Needs Assessment



## Goals and Benchmarks

The State of Montana's Interagency Coordinating Council (ICC) and the national Healthy People 2020 (HP2020) initiative have established goals related to reducing underage alcohol use.

Interagency Coordinating Council:

Goal 2 – Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles

- Benchmark A: By 2020 decrease number of high-school students who report smoking cigarettes in the past 30 days by 10 percent from the 1999 baseline
- Benchmark B: Decrease the percentage of students who smoke cigarettes before the age of 13 by 10 percent from the 1999 baseline<sup>xxx</sup>

HP2020: Tobacco Goals

- 2.1 Reduce the percentage of adolescents in grades 9 through 12 who used any tobacco product in the past 30 days by 5 percentage points by 2020
- 2.2 Reduce the percentage of adolescents in grades 9 through 12 who smoked cigarettes in the past 30 days by 3.5 percentage points by 2020
- 3.1 Reduce the percentage of children and adolescents aged 12 to 17 years who first used tobacco products in the past 12 months by 2 percentage points by 2020
- 3.2 Reduce the percentage of children and adolescents aged 12 to 17 years who first smoked cigarettes in the past 12 months by 2 percentage points by 2020
- 7.1 Increase smoking cessation attempts by adolescent smokers by 5.5 percentage points by 2020<sup>xxxii</sup>

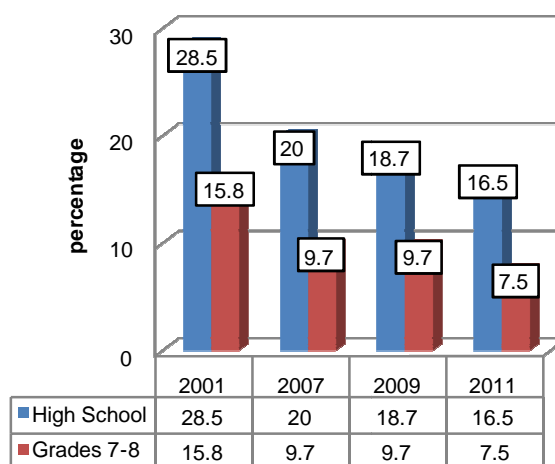
## Resources and Supports

Underage cigarette smoking is decreasing in large part because of intensive education at the federal level promoted by the Centers for Disease Control and several U.S. Surgeons General. Various state and local efforts, including school-based Safe and Drug Free School coordinators, Drug Free Community support grants, as well as model programs and proven practices implemented through schools, local health departments, and community groups also contribute to the impact. Equally important is the fact that Montana schools are demonstrating a commitment to decreasing underage tobacco use:

- 98 percent of schools have adopted a policy prohibiting tobacco use
- 50 percent of schools follow a policy that mandates a tobacco-free environment
- 98 percent of middle schools and 100% of high schools have teachers who tried to increase student knowledge on alcohol or other drug use prevention
- 99 percent of middle schools and 97 percent of high schools had a teacher who tried to increase student knowledge of tobacco prevention
- In 33 percent of schools, a lead health education teacher received professional development in tobacco prevention during past two years
- In 61 percent of schools, a lead health education teacher would like to receive professional development in tobacco prevention<sup>xxx</sup>

## Students Who Smoked a Cigarette in the Past 30 Days

Montana Youth Risk Behavior Survey



## **Conclusion and Recommendations**

Montana is making steady and significant gains against underage tobacco use, but much remains to be done. The percentage of Montana students who smoke cigarettes or use other tobacco products is higher than their peers nationwide and in the Montana Prevention Needs Assessment eight-state region.<sup>xxxiii</sup> High school suspensions for tobacco use have increased 30 percent since the 2006/07 school year.<sup>xxxiv</sup>

Montana should continue its effective strategies against underage tobacco use with a special emphasis on students attending alternative schools—the only target population whose use has not decreased—and Native American students, whose use, while declining, remains about double that of the general student population. Attention also should be devoted to use of smokeless tobacco, which has not seen the same strong and steady decline as cigarettes.

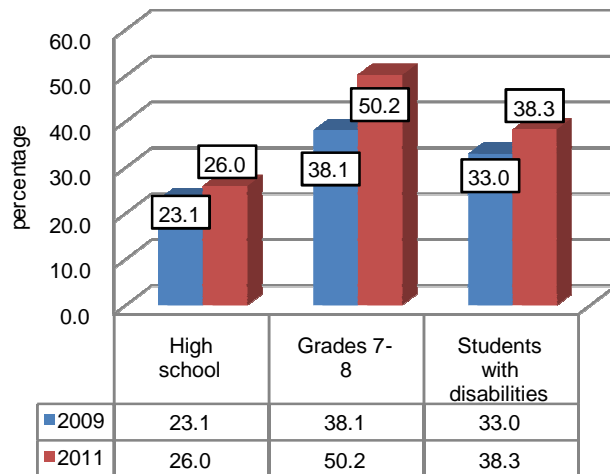
### #3. Bullying is a growing problem for Montana youth.

2011 marked only the second year that Montana students have been surveyed about bullying, yet the percentage of students who report being bullied on school property during the past year increased significantly since 2009, particularly at the middle-school level and among students with disabilities.

There also is an increase, though not so large, in the number of students who report being electronically bullied in the past 12 months at all grade levels, among all races and ethnicities, and across all types of instructional settings. These percentages are higher than the nationwide average.

#### Students Who Have Been Bullied on School Property in the Past 12 Months

Montana Youth Risk Behavior Survey

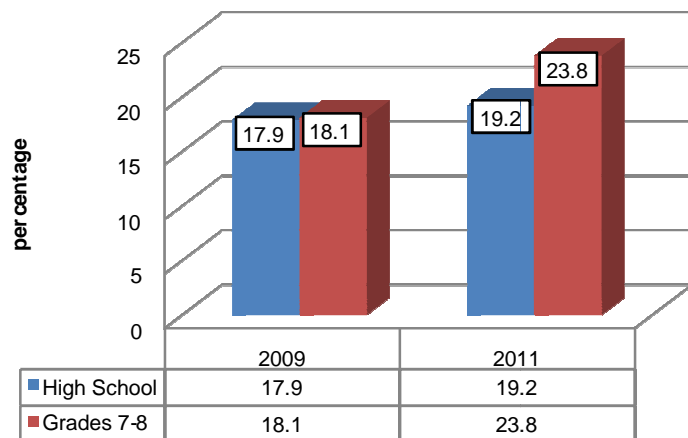


In addition, about half of middle-school students and more than one-third of high-school students report that bullying is a problem at their school. Native American students and students attending isolated Native American schools also are more likely than are other students to report that bullying is a problem at their school.

The Montana Prevention Needs Assessment also found that more than 50 percent of students in grades 8, 10, and 12 are at risk because of a perception that their parents have attitudes favorable to antisocial behavior such as bullying.

#### Students Who Have Been Electronically Bullied in the Past 12 Months

Montana Youth Risk Behavior Survey



## Why is this important?

Every day thousands of teens wake up afraid to go to school because of bullying. Bullying can be defined as a person being picked on over and over again by an individual or group with more power, either in terms of physical strength or social standing.

Two of the main reasons people are bullied are because of appearance and social status. Bullies pick on the people they think don't fit in. Some bullies attack their targets physically, which can mean anything from shoving or tripping to punching or hitting, or even sexual assault. Others use psychological control or verbal insults to put themselves in charge. Verbal bullying can also involve sending cruel instant or e-mail messages or even posting insults about a person on a website — practices that are known as *cyberbullying*.

Cyberbullying is a concern because more than 80 percent of adolescents own at least one form of new media technology. Nationwide, 9 to 35 percent of young people say they have been the victim of electronic aggression; a 50 percent increase between 2000 and 2005.<sup>xxxvi</sup> Bullying is also an issue at school, especially middle school. In 2009-10, twice as many middle schools reported that student bullying occurred at school daily or at least once a week (39 percent) than did high schools or primary schools.<sup>xxxvi</sup>

One of the most painful aspects of bullying is that it is relentless. Most people can take one episode of teasing or name calling or being shunned at the mall. However, when it goes on and on, bullying can put a person in a state of constant fear. Teens who are bullied may find their schoolwork and health suffering. Some develop stomach pains, diarrhea, or irritable bowel syndrome as a result of the stress; others go hungry and are unable to concentrate in class because they are too afraid to go to the school cafeteria at lunchtime. Electronic aggression victims are significantly more likely to use drugs and alcohol and experience in-person aggression.<sup>xxxvii</sup> Studies show that people who are abused by their peers are at risk for mental health problems, such as low self-esteem, stress, depression, or anxiety. They may also think about suicide more.

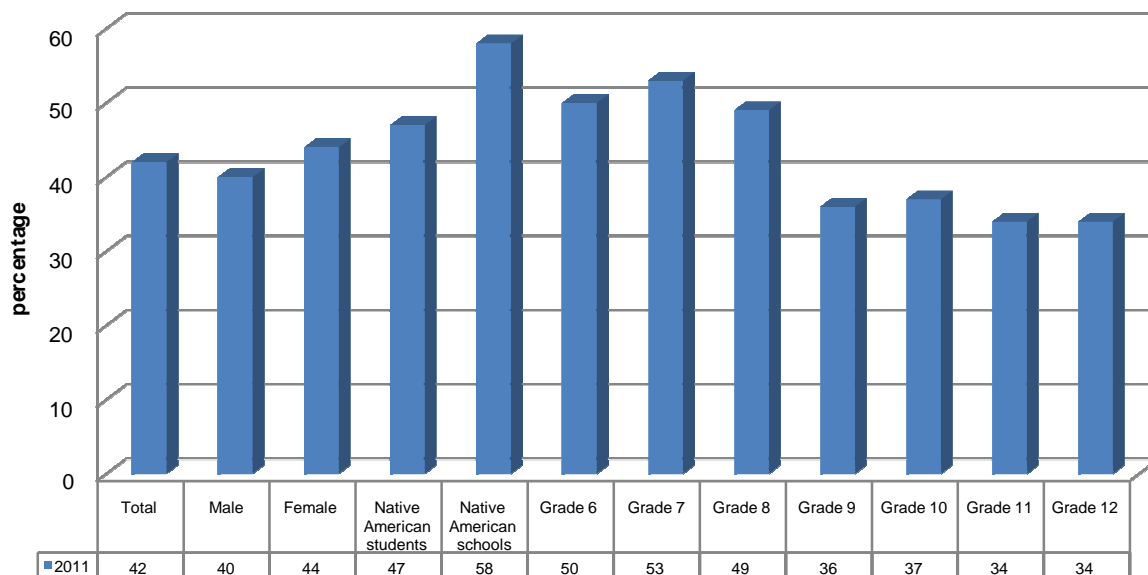
Students who reported being bullied at school were also more likely than other students to report being the victim of a crime; to report bringing a gun, knife, or other weapon to school; to fear that someone would harm them at school or on the way to or from school; and to avoid certain places at school (showers, restrooms, cafeteria).<sup>xxxviii</sup>

Numerous high-school students have died when stalking, threats, and attacks went unreported and the silence gave the bully license to become more and more violent. Sometimes the victim of repeated bullying cannot control the need for revenge and the situation becomes dangerous for everyone.<sup>xxxix</sup>

Bullies are at risk for problems, too. Bullying is violence, and it often leads to more violent behavior as the bully grows up. It's estimated that 1 out of 4 elementary-school bullies will have a criminal record by the time they are 30. Bullies may also fail in school and do not have the career or relationship success that other people enjoy.

## Students Who Think Bullying is a Problem at Their School

2010-11 Montana My Voice™ Survey



### Resources and Supports

Montana has some resources and supports in place that can reduce bullying. These include conscious application of model and proven bullying and violence reduction programs; common sense, *ad-hoc* measures; and spin-off impact from other efforts, including, but not limited to:

- 85 percent of Montana schools with a staff person dedicated to coordinating school health and safety programs (most funded through the recently eliminated ESEA Title IV, Part A *Safe and Drug Free Schools* grant)<sup>xi</sup>
- The Montana Behavioral Initiative (MBI) in many schools
- Competitive federal Safe Schools Healthy Students grants in three Montana communities
- 86 percent of schools prohibiting harassment based on a student's perceived or actual sexual orientation or gender identity<sup>xii</sup>
- 80 percent of schools with a bullying prevention program<sup>xiii</sup>
- 49 School Resource Officers (SROs) in 30 of Montana's 422 school districts (25 communities)

### Goals and Benchmarks

The national Healthy People 2020 initiative (HP2020) and the Montana Superintendent of Public Instruction's Graduation Matters Montana Student Advisory Board (SAB) have established goals related to reducing bullying.

HP2020: Injury and Violence Prevention

- 35: Reduce bullying among adolescents by 10 percent by 2020<sup>xliii</sup>

SAB: Bullying Prevention

- Establish clear bullying policies that are consistently applied
- Institute punishment for bullying severe enough to get it to stop
- Identify a "go-to" person at every school to advocate for bullied students in order to combat "just get over it" attitudes
- Train adults to effectively intervene
- Make ending bullying part of the culture of every school
- Notify students of their rights and of laws related to bullying and harassment in and out of school<sup>xliv</sup>

## Conclusion and Recommendations

Montana needs to take bullying seriously. The percentage of Montana students who have been bullied at school is higher than the nationwide average.<sup>xlv</sup>

Graduation Matters Montana Student Advisory Board (SAB) members emphasize that bullying happens in every community and needs to be addressed in school handbooks in the same way that dress codes or attendance policies are addressed. SAB members said, “Don’t assume we understand what’s right and wrong intuitively.”<sup>xlvi</sup>

Olweus Bullying Prevention Program reports an “increase in students’ satisfaction with school life, improved order and discipline, more positive social relationships, and more positive attitudes toward school work and school in general” with the implementation of a bullying prevention program.<sup>xlvii</sup> Montana should continue and expand its model and proven program strategies against bullying. The Task Force should seek out model and proven bullying prevention program strategies designed especially for middle-school students and students with disabilities.

Montana also should work to increase the number of SROs and ensure that the Montana Behavioral Initiative is being implemented with fidelity in order to obtain the expected improvement in student behavior, including reduction of bullying. Schools should implement the Youth Risk Behavior Survey, My Voice™ survey, and Safe Schools Assessment and Resource Bank (SSARB) survey at relevant grade levels to gain a comprehensive picture of school climate.

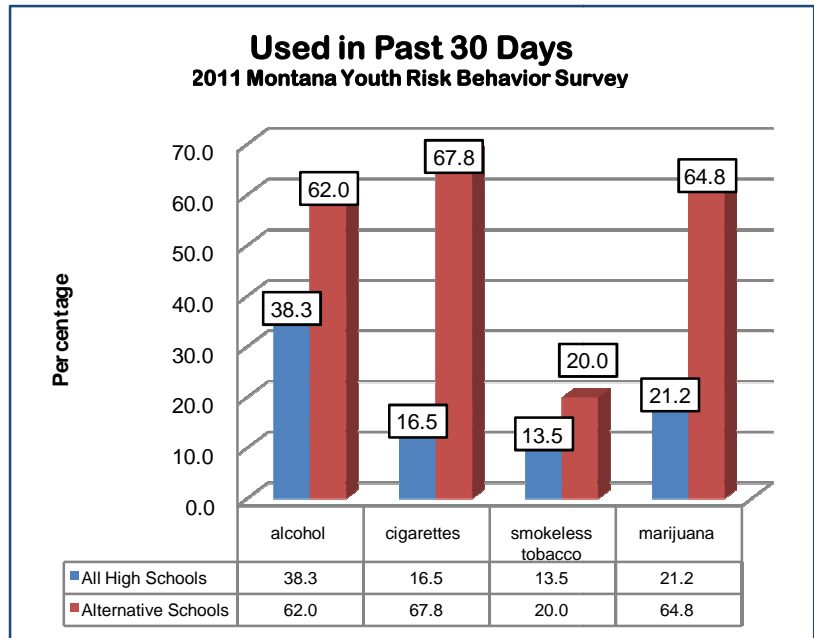
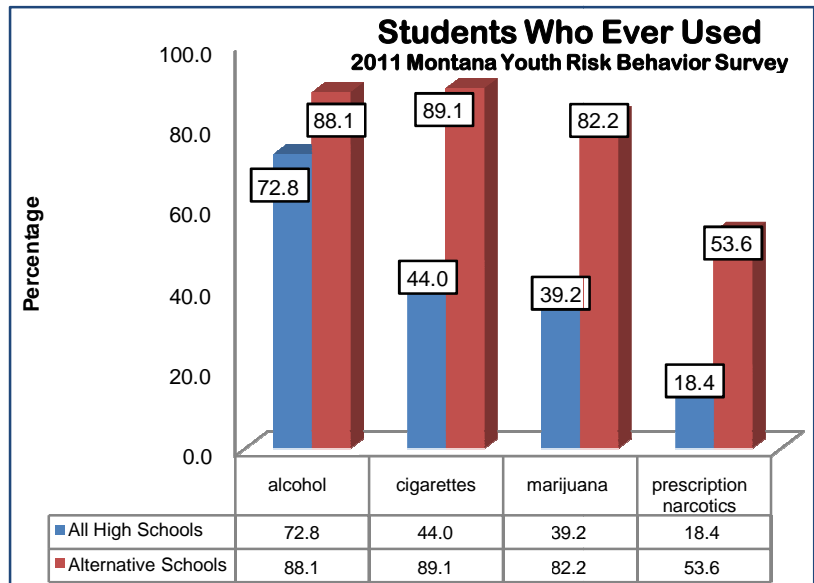
## #4: High-school students who attend alternative schools report higher percentages of use of illegal substances and greater rates of participation in problem use and violence than do other students.

**A**lternative Schools are programs for students who traditionally are not successful in a large public school. These alternative programs offer students smaller classes and more direct instruction.

Alternative schools are appropriate for any student, but are usually focused on students who would be considered “at risk” because of socio-economic status, pregnancy, homelessness, poor family or home conditions, proven non-success in traditional schools, or a history of substance abuse.

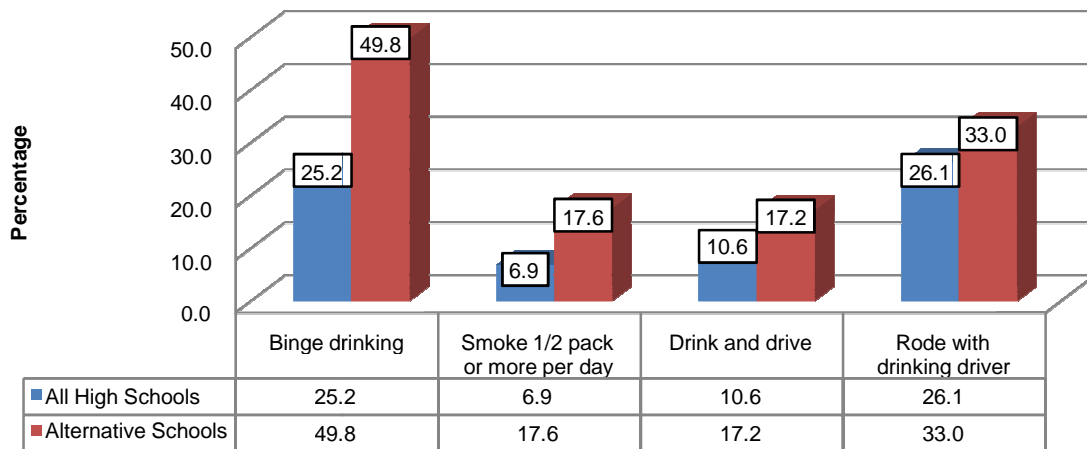
In Montana, students attending alternative high schools demonstrate risks far out of proportion with their peers in other settings.

- The percentage of high-school students who have ever used illegal substances is highest among students attending alternative schools.
- The percentage of high-school students who have used illegal substances in the past 30 days is highest among students attending alternative schools.
- The percentage of high-school students engaging in problem ATOD use is highest among students attending alternative schools.
- Students attending alternative schools also are involved in more acts of violence and engaged in more suicidal behaviors than their peers at other schools.





### Students Who Engaged in Problem ATOD Use 2011 Montana Youth Risk Behavior Survey

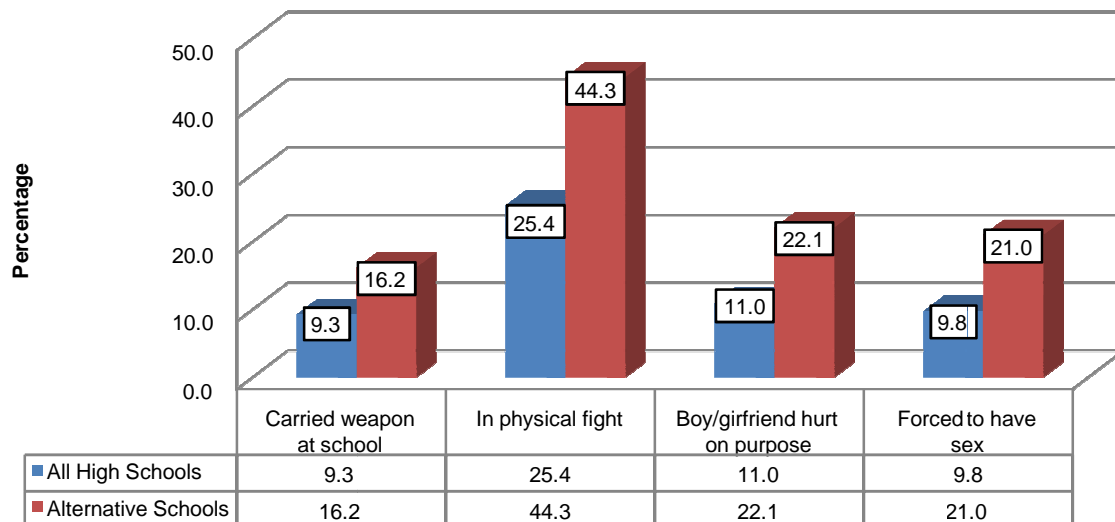


### Why is this important?

*Alternative Schools* are programs for students who traditionally are not successful in a large public school. These alternative programs offer students smaller classes and more direct instruction. Alternative schools are appropriate for any student, but are typically focused on students who would be considered “at risk” of failing school or dropping out because of socio-economic status, pregnancy, homelessness, poor family or home conditions, proven non-success in traditional schools, or a history of substance abuse.<sup>xl viii</sup>

About 2 percent of the nation’s high-school students attend alternative high schools. Because these students are already determined to be at risk, it is especially important to understand and respond effectively to the magnitude and complexity of the behavioral and health risks they face as compared to their peers in other learning environments.<sup>xl ix</sup>

### Students Who Were Involved in Violent Behavior 2011 Montana Youth Risk Behavior Survey

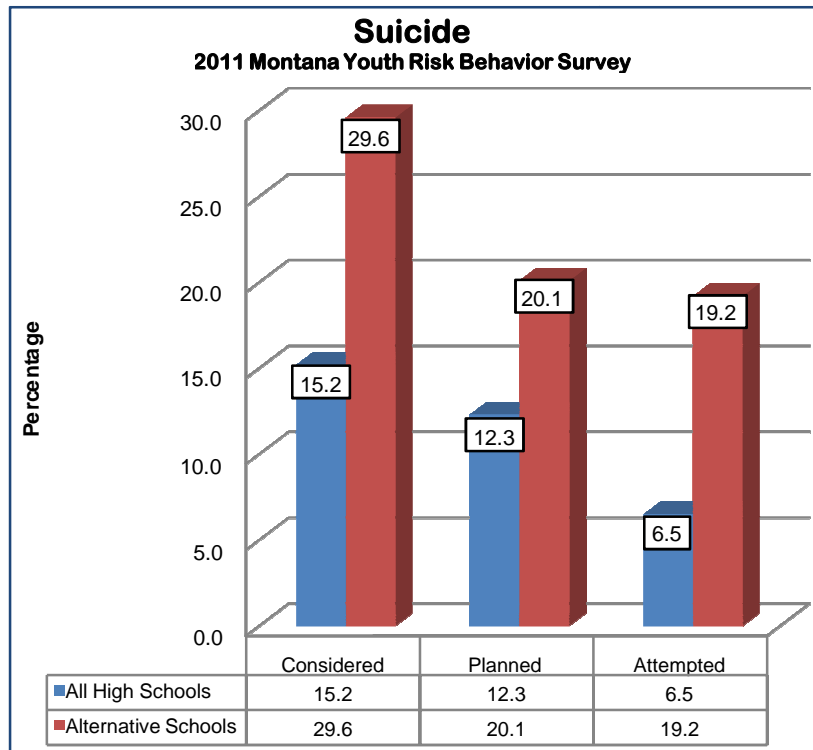


## Resources and Supports

It is not clear from the available data sources what resources and supports are available to alternative schools beyond those that are available to all schools.

## Goals and Benchmarks

The State of Montana's Interagency Coordinating Council (ICC), the national Healthy People 2020 initiative, and the Graduation Matters Montana Student Advisory Board have established no goals directly related to alternative schools.



## Conclusion and Recommendations

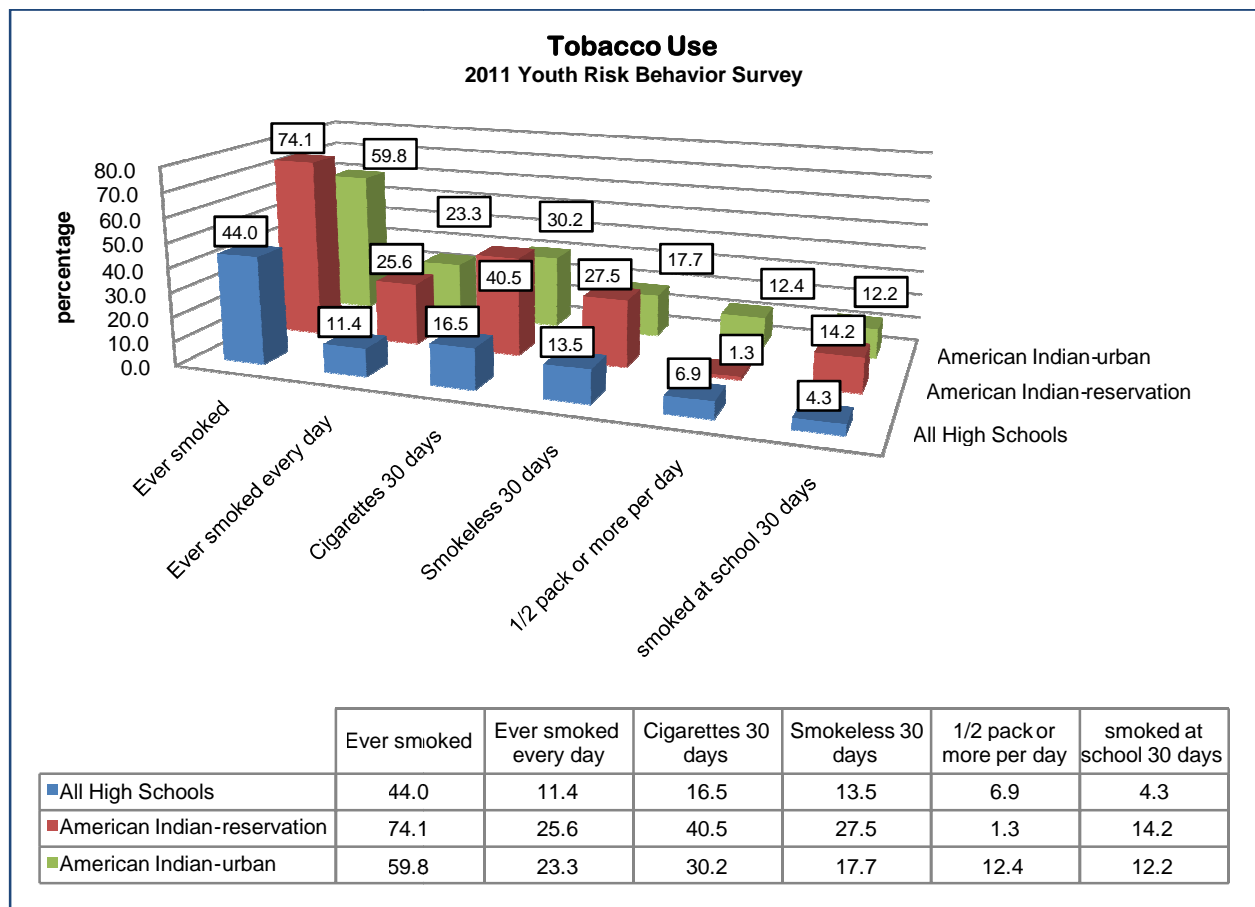
It is apparent from the range and magnitude of risks faced by students who attend alternative high schools that smaller learning environments and individualized instruction are not enough in and of themselves to ensure student success in school.

Montana should ensure that current effective ATOD and violence prevention strategies are available to alternative schools and should research model and proven programs, such as Project Success, designed specifically with this target audience in mind.

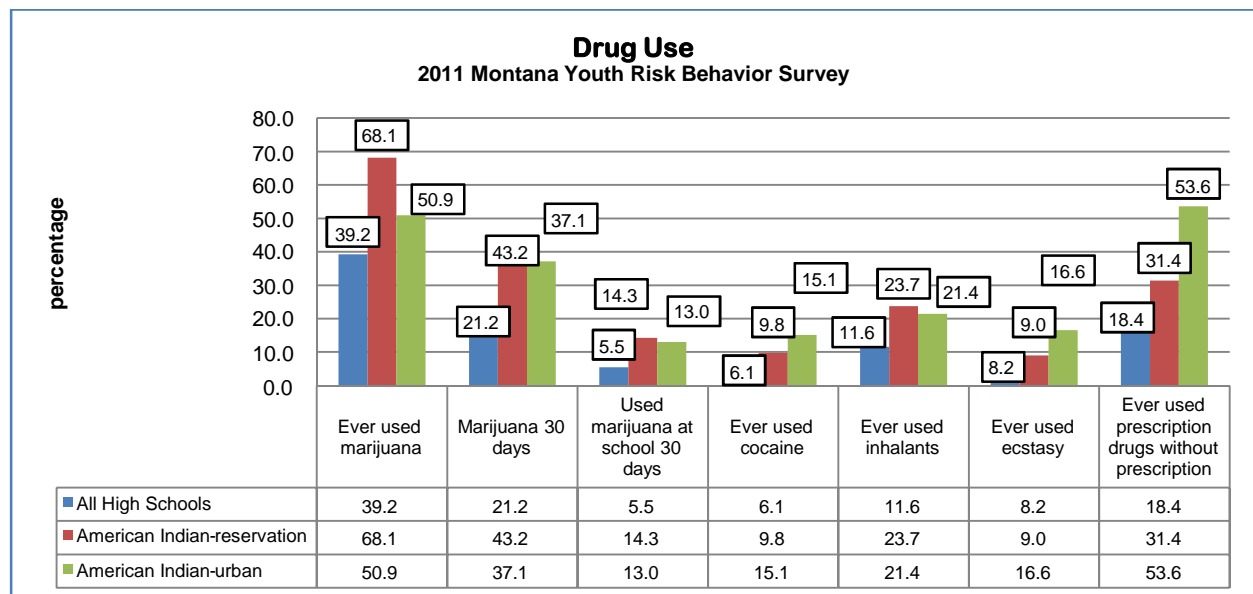
**#5: Native American high-school students use tobacco and other drugs and are involved in acts of violence and suicidal behavior at a rate about twice that of high-school students in general.**

Native American high-school students in Montana use and abuse alcohol and engage in problem behaviors related to alcohol at slightly higher rates than the general population of high-school students. But, despite steady improvement over the years, Native American students' use of tobacco and other drugs and their involvement in acts of violence and suicidal behavior is still significant and remains a vital concern.

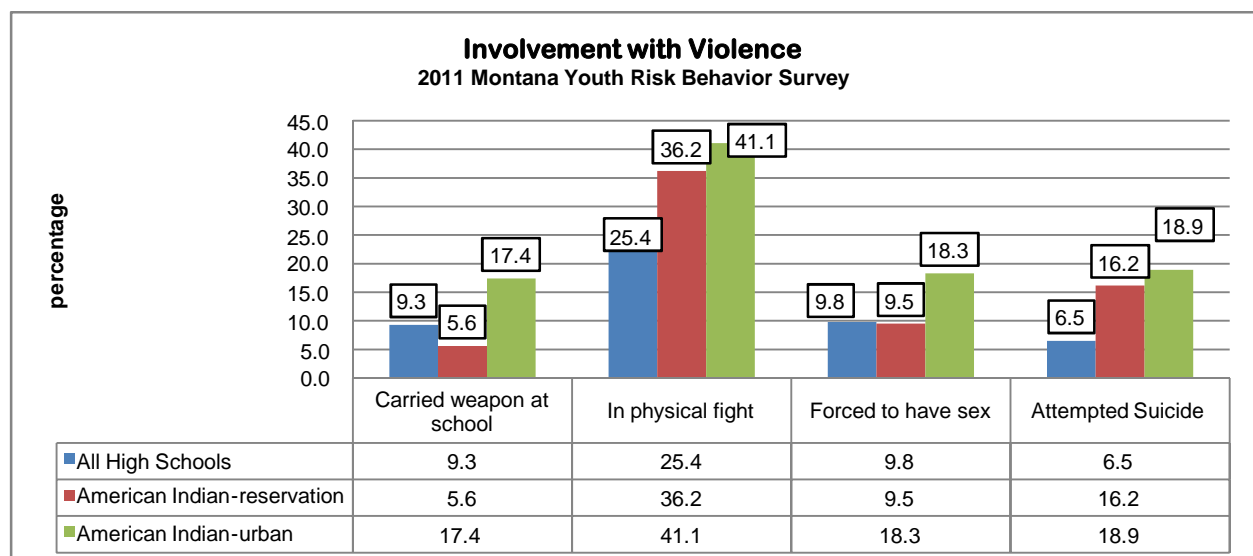
Native American students use tobacco products at about twice the level of the general high-school population. These data reflect national trends reported by the National Bureau of Indian Affairs and the National Household Survey on Drug Abuse.



Native American high-school students also use drugs at a rate about twice that of the general high-school population. These data reflect national trends observed in the Monitoring the Future survey. Marijuana use is highest among Native American students attending schools on the reservations while prescription drug abuse is highest among Native American students enrolled in urban high schools.



Native American high-school students are involved in violent behavior at about twice the rate of the general high-school population. Native American students attending urban high schools are involved in violence at rates higher than Native American students attending schools on the reservations. In fact, Native American students attending schools on the reservations have lower rates of carrying a weapon on school property or being forced to have sex against their will than does the general student population. The percentage of Native American high-school students who have attempted suicide is particularly alarming.



## Why is this important?

Substance abuse is one of the most critical health concerns facing Native American populations. It has profoundly harmful consequences on both individual and societal levels, and few Indian families remain unaffected.<sup>i</sup> And, it is directly implicated in the disproportionately high morbidity and mortality rates of Native American teens.<sup>ii</sup>

Higher levels of drug use among Native American teens can be attributed to poverty and extremely poor social conditions that have exposed them to significantly more risk factors than other teens. The extraordinary social, physical, cognitive, and academic stressors in their lives pose a demonstrated risk factor for substance abuse. Native American youth are particularly vulnerable to developing potentially harmful methods of coping with stressors that arise within themselves and their environments.<sup>iii</sup>

Native Americans have an especially high risk of tobacco-related death and disease because they have the highest prevalence of smoking and other tobacco use compared to any other population group in the United States.<sup>iiii</sup> Death from tobacco-related cardiovascular disease and lung cancer are especially common. In fact, Native Americans were the only racial/ethnic subgroup to experience an increase in respiratory cancer death rates between 1990 and 1995. Northern Plains tribal members, who have the highest smoking prevalence among Native Americans, also have the highest rates of lung cancer and heart disease.<sup>iv</sup>

Inhalants are commonly among the first substances abused by Native American youth. Inhalant users in a sample of Native American youth exhibited higher rates of lifetime conduct disorders and alcohol dependence, more aggressive behavior, more sensation seeking, greater negative emotionality, and lower perceived self-worth than did nonusers.<sup>lv</sup>

When compared with other racial and ethnic groups, Native American youth have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression.<sup>lvi</sup>

## Resources and Supports

Montana is investing resources in academic supports for Native American students.

- *Indian Education for All* provides statewide curriculum support and specialists to help educators incorporate culturally accurate information into rigorous, standards-based instruction in all curricular areas to combat inadequate education, a comparative absence of Indian teachers, harassment, and discrimination that leave American Indian students poorly supported in our schools.<sup>lvii</sup>
- Some of Montana's most struggling schools—many of which are on Indian reservations—are in a partnership among schools, communities, and the Office of Public Instruction to improve the school environment and student academic performance. In communities across Montana, parents, families and caregivers share the hope that their children will graduate from high school and be prepared to go on to college or enter the workforce.

However, it is not clear from the available data sources what targeted prevention resources and supports are available to Native American students beyond those that are available to all students.

## Goals and Benchmarks

The State of Montana's Interagency Coordinating Council, the national Healthy People 2020 initiative, and the Graduation Matters Montana Student Advisory Board have established no goals directly related to Native American students in particular.

## Conclusion and Recommendations

It is apparent from the range and magnitude of risks faced by Native American students that prevention strategies designed for the general population are not enough to overcome the extraordinary stressors that can lead to substance abuse and violence in this population.

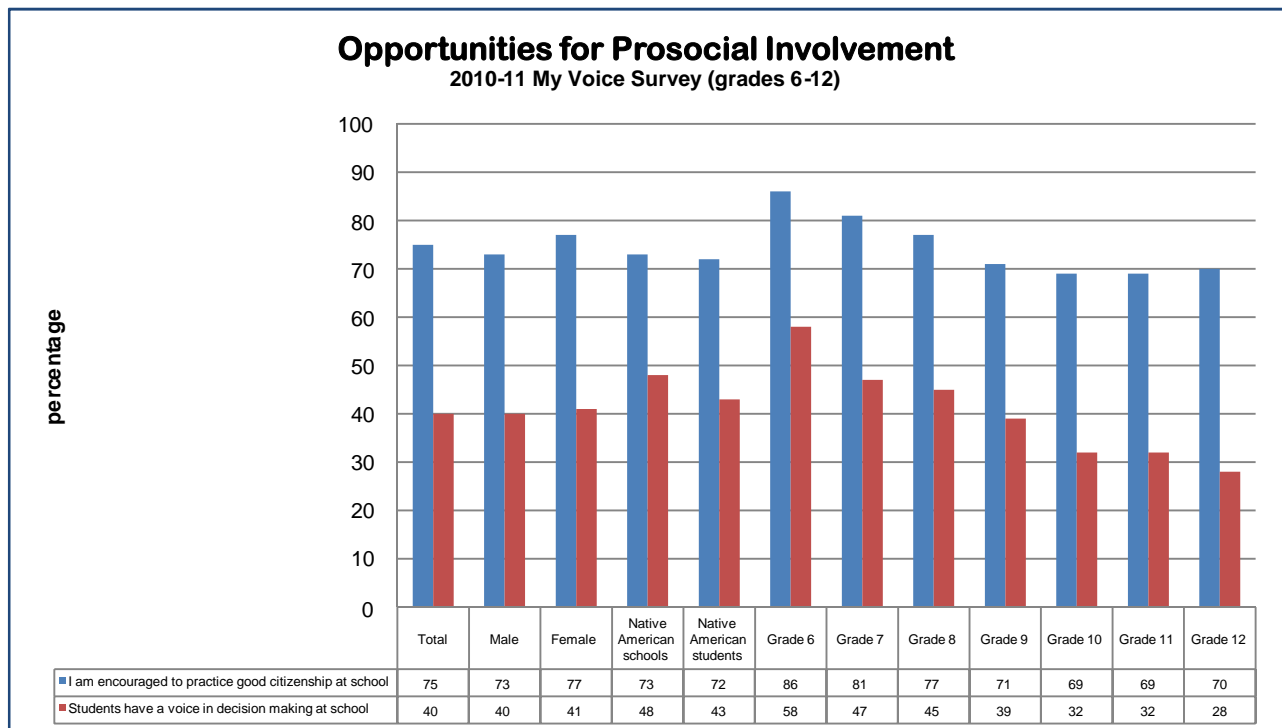
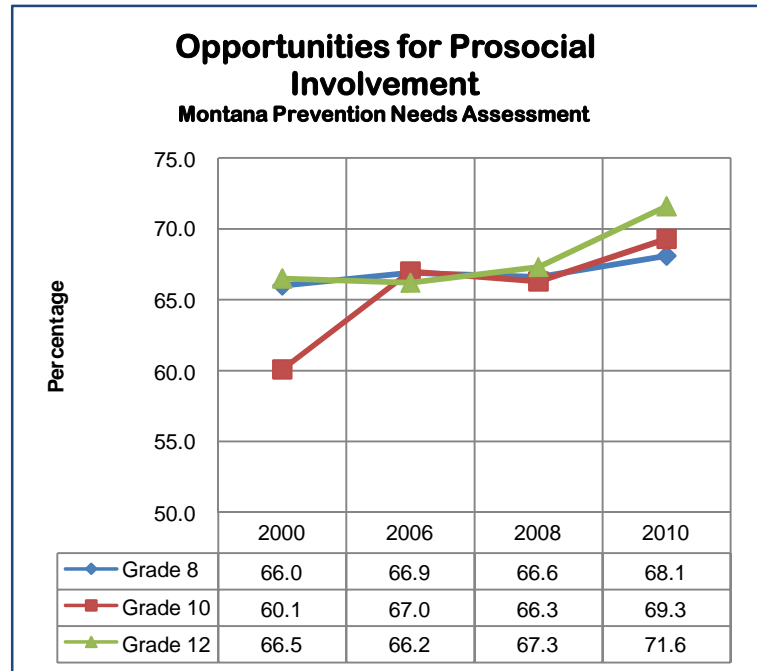
Montana should research model and proven programs designed specifically with Native American students in mind. In fact, there are so few rigorously designed and evaluated programs designed for Native American students that Montana may want to explore the possibility of developing and proving its own prevention strategies.

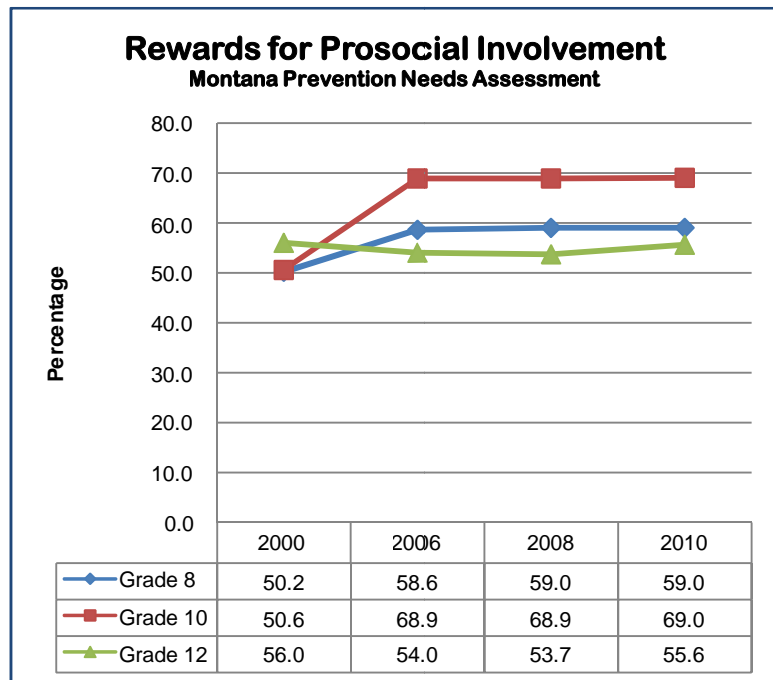
## #6: Montana schools provide strong protective factors for students.

Montana students enjoy stronger protective factors at school than in any of the other three domains (peer/individual, family, community) that influence them.

“Prosocial opportunities” at school include opportunities for student involvement in deciding class activities and rules; chances to talk with teachers one-on-one; being invited to work on special classroom projects; chances to participate in sports, clubs, and other school activities outside of class; and lots of opportunity to participate in class discussions and activities.

Montana students report substantial opportunities for prosocial involvement, with a trend of increasing opportunities over time. Students attending grades 6 through 12 at Native American schools report significantly greater opportunities to participate in decision making than does the general student population. The Montana average at all grade levels is significantly higher than the MPNA eight-state region.

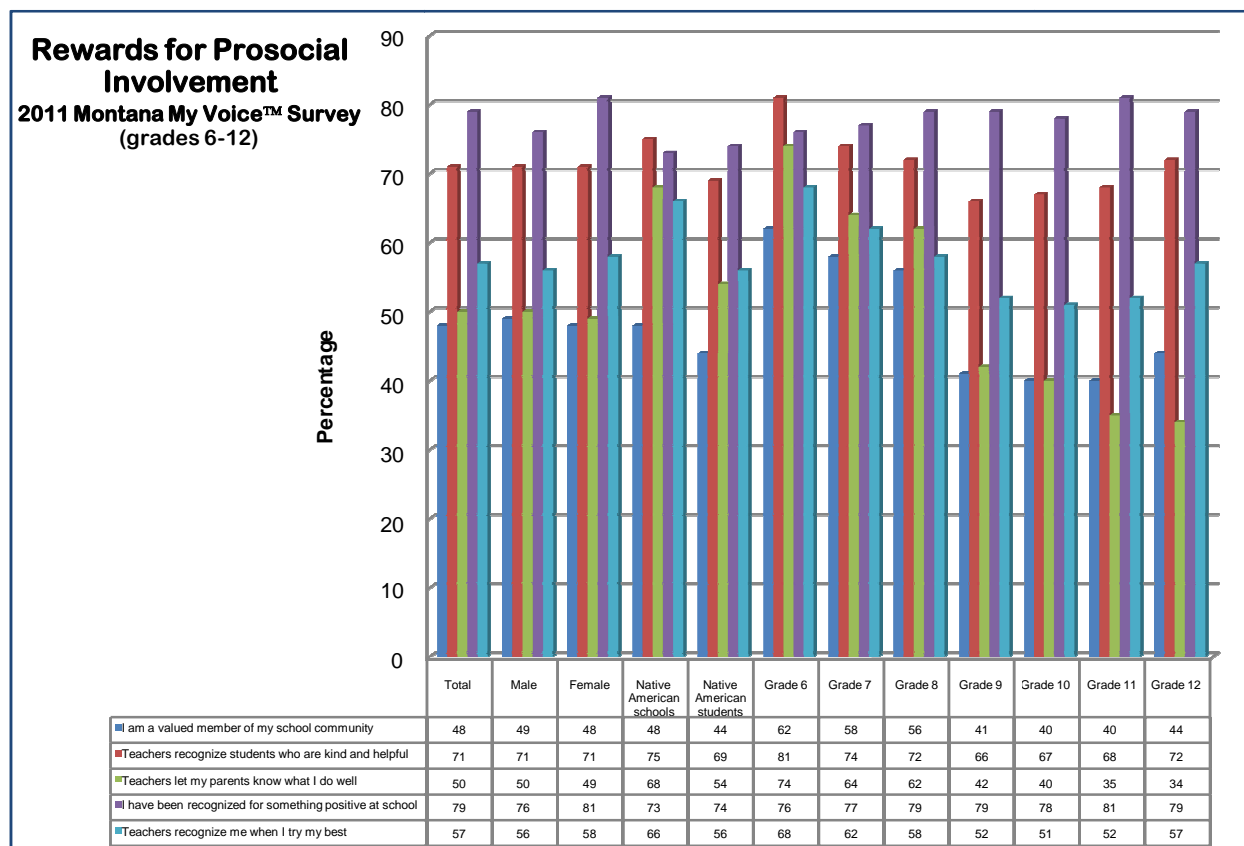




Rewards for prosocial involvement include public recognition for good work; notifying parents when students do something well; feeling safe at school; and being praised for working hard in school.

Except at grade 12, Montana students report significantly higher rewards for prosocial involvement than they did a decade ago. Students attending Native American schools are significantly more likely than the general student population to report that their teachers let their parents know what they do well and that teachers recognize them when they try their best. (They and Native American students in general are also significantly less likely to be recognized for something positive at school.)

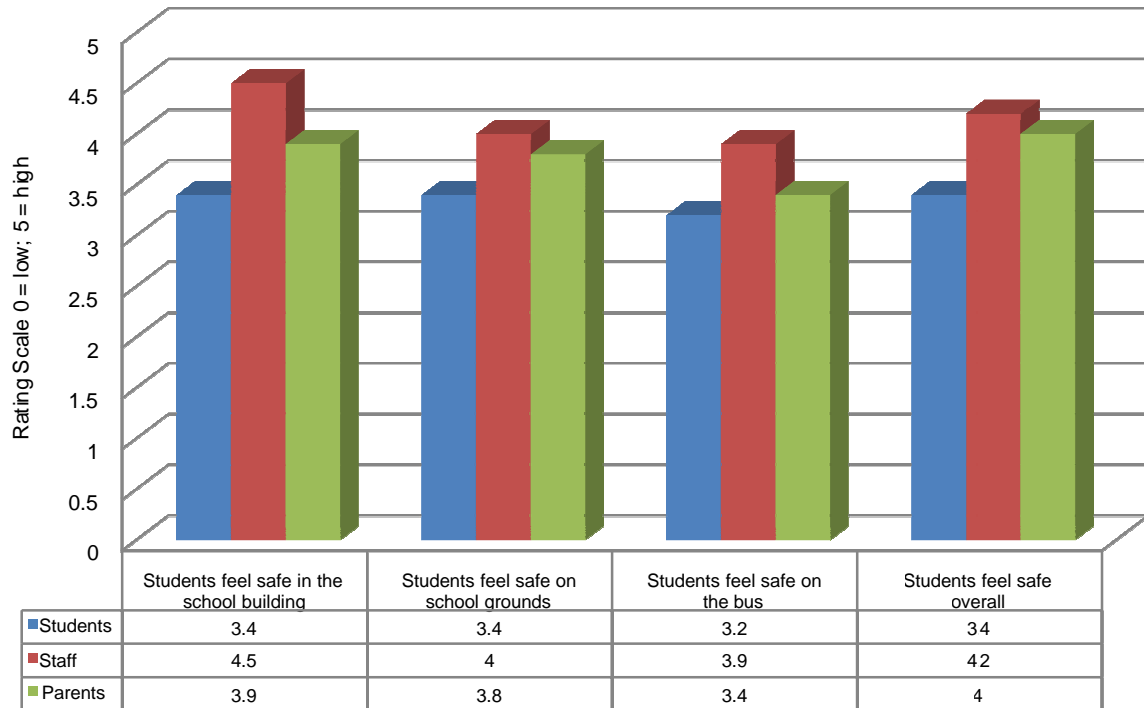
Montana students also enjoy significantly higher rewards for prosocial involvement at school than do their peers in the MPNA eight-state region.





## Rewards for Prosocial Involvement

2010-11 Montana Safe Schools Assessment and Resource Bank (SSARB)



### Why is this important?

When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.<sup>lviii</sup>

When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.<sup>lix</sup>

School safety, which is an element of rewards for prosocial involvement, also has been linked to students' academic achievement.<sup>lx</sup>

### Resources and Supports

The *Montana Behavioral Initiative* provides valuable training and resources for teachers and other school staff on how to create and sustain a learning environment that involves, values, and recognizes students.

The *My Voice™* survey reflects student ratings of key elements that constitute an ideal school environment that inspires students to succeed.

The *Safe Schools Assessment and Resource Bank* provides an extensive list of research-based resources that is hyperlinked in relation to each survey site's school-safety weaknesses.

25 communities (30 school districts) employ *School Resource Officers* to help students feel safe at school.

## Goals and Benchmarks

Montana Superintendent of Public Instruction's Graduation Matters Montana Student Advisory Board has established the following priorities pertaining to strong protective factors for students:

- Help students feel welcome at school and help to make school a place students want to go
- Praise all students individually when appropriate
- Ensure that all students have an adult advisor
- Support students in creating new clubs that interest them<sup>lxi</sup>

## Conclusion and Recommendations

Montana schools are doing a good job of providing students with opportunities and rewards for prosocial involvement. Montana should continue its effective strategies and look for opportunities to expand the Montana Behavioral Initiative, My Voice™ survey, Safe Schools Assessment and Resource Bank, and SROs to more schools.

## CURRENT STATEWIDE INITIATIVES

Montana already is involved in a number of statewide efforts to help students succeed academically and reduce aspects of drug abuse and violence. While this data assessment report did not examine so-called academic initiatives, they involve a variety of comprehensive approaches and really cannot be separated from substance abuse and violence prevention strategies.

### Academic Initiatives

As noted in the introduction to this report, substance abuse and violence prevention are closely correlated to student academic performance. A quick scan of academic indicators confirms that at least one population identified in this report as at risk for drug abuse and violence also is at academic risk. (Similar data were not readily available concerning students attending alternative schools.)

- In 2009-10, more than twice as many (10.6 percent) of Montana's Native American students than the general student population (4.3 percent) dropped out of school, and their high-school completion rate was 62 percent compared to 82 percent for the general student population.<sup>lxii</sup>
- The achievement gap between Native American students and the general student population is substantial in both reading and math in every grade tested. In math, it is never closer than 25 points (4<sup>th</sup> grade) and in reading it is never closer than 18 points (3<sup>rd</sup> grade). As a general rule, the older the student, the greater the gap.<sup>lxiii</sup>

Because of these correlations, the work of the Montana Substance Abuse and Violence Prevention Task Force also will enhance and advance the important academic initiatives already underway in our state.

### Graduation Matters Montana

Montana Superintendent of Public Instruction Denise Juneau's *Graduation Matters Montana* Initiative (inspired by the local initiative in Missoula) is a statewide effort to ensure that Montana's public schools are meeting the goal of graduating more students ready for college and careers.

*Graduation Matters Montana* engages educators, parents, businesses, and community leaders in the challenge to improve graduation rates and prepare students for college and careers. In addition to Missoula, planning is also underway in Billings, Bozeman, Belgrade, Butte, Great Falls, Helena, Kalispell, and Townsend. This means that half of the high-school students in Montana will have *Graduation Matters* initiatives in their communities.

*Graduation Matters Montana* includes a **Student Advisory Board** of high-school students from all corners of Montana who provide Superintendent Juneau with advice and strategies to increase graduation rates in Montana. In September 2010 and April 2011, 40 students from 31 communities gathered to discuss ways to improve the state graduation rate and to address school climate issues. As a result of a Student Advisory Board recommendation, the OPI is launching an "I Pledge to Graduate" campaign where students will make a pledge to themselves and a witness that they will graduate from high school.

### Montana Interagency Coordinating Council

The Montana Interagency Coordinating Council is charged with developing, through interagency planning and cooperation, comprehensive and coordinated prevention programs that will strengthen the

healthy development, well-being, and safety of children, families, individuals, and communities—particularly children and families that are deemed to be at risk.

The council has identified five specific goals:

- Reducing child abuse and neglect by promoting child safety and healthy family functioning;
- Reducing use by youth of tobacco, alcohol, and other drugs by promoting alternative activities and healthy lifestyles;
- Reducing youth violence and crime by promoting the safety of all citizens;
- Reducing the school dropout rate by increasing the percentage of high school students who successfully transition from school to work, post-secondary education, training, and/or the military; and
- Reducing teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy, and child rearing are serious responsibilities.

Members of the council are the:

- Attorney General
- Director of the Department of Public Health and Human Services
- Superintendent of Public Instruction
- Presiding officer of the Montana Children's Trust Fund board
- Administrator of the Board of Crime Control
- Commissioner of Labor and Industry
- Director of the Department of Corrections
- State Coordinator of Indian Affairs
- Director of the Department of Transportation
- Commissioner of Higher Education
- Two people appointed by the governor who have experience with private or nonprofit prevention programs and services
- Designated representative of a state agency who wants to participate and is acceptable to a majority of the other members

### Montana Behavioral Initiative

The Office of Public Instruction's *Montana Behavioral Initiative* (MBI) assists educators, parents, and other community members in developing the attitudes, skills, and systems necessary to ensure that each student, regardless of ability or disability, leaves public education and enters the community with social and academic competence.

*Montana Behavioral Initiative* is Montana's name for the evidence-based *Positive Behavior Interventions and Supports* (PBIS) program administered through the U.S. Department of Education's Office of Special Education. It is not a curriculum, but rather is a framework or approach to support the success of all students by helping school personnel organize evidence-based practices, improve their implementation of those practices, and maximize academic and social behavior outcomes for students.

MBI is founded on the premise that most students will succeed when a positive school culture is promoted, informative corrective feedback is provided, academic success is maximized, and use of prosocial skills is acknowledged.

MBI is structured around clear behavioral expectations for staff and students in the classroom, in the halls, in the cafeteria, on the bus, and other school environments where students congregate. It emphasizes the establishment of organizational supports or systems that give school personnel capacity to use effective interventions accurately and successfully at the school, district, and state levels. These supports include team-based leadership, data-based decision-making, continuous monitoring of student behavior, regular universal screening, and effective ongoing professional development.

Effective classroom management and preventive school discipline are essential for supporting teaching and learning. MBI goes further by emphasizing that classroom management and preventive school discipline must be integrated and working together with effective academic instruction in a positive and safe school climate to maximize success for all students. Teaching-oriented, positive, and preventive strategies are emphasized for all students, to the greatest extent possible. The emphasis is on the use of the most effective and most positive approach to addressing even the most severe problem behaviors.

The Youth Risk Behavior Survey, My Voice™ survey, and the Safe Schools Assessment and Resource Bank survey serve as the “three legs of the stool” to provide an accurate picture of school climate that guides the Montana Behavioral Initiative in individual schools.

### **My Voice™ Survey**

Montana was recently selected by the Quaglia Institute for Student Aspirations (QISA) as a Demonstration Site. The Institute will guide the Office of Public Instruction in building capacity around utilizing the voice of the student (*My Voice*) to improve student aspirations.

The *My Voice*™ survey involves students in grades 6 through 12 in rating elements of the *8 Conditions that Make a Difference*® in promoting student aspirations to succeed in school and helps schools put into practice the three Guiding Principles that support aspirations:

- Developing Students’ Self-Worth
  1. Belonging: students are valued members of a community while still maintaining their uniqueness. Belonging fosters self-confidence and investment in the community.
  2. Heroes: heroes are the everyday people in students’ lives who inspire them to excel and make positive changes in attitude and lifestyle. Heroes build trust in others and belief in oneself.
  3. Sense of Accomplishment: effort, perseverance, and citizenship are recognized as signs of a student’s success. Sense of accomplishment motivates students to persevere through difficult tasks, creating an appreciation for hard work and dedication.
- Fostering Students’ Active Engagement in Learning
  4. Fun and Excitement: students are inspired, engaged, and emotionally involved in their schoolwork. Students who exhibit fun and excitement are usually self-confident, curious, and prepared; they are willing to meet the challenges of the day.
  5. Curiosity and Creativity: students exhibit inquisitiveness, a strong desire to learn new or interesting things, and an eagerness to satisfy the mind with new discoveries. Curiosity triggers students to ask “Why?” while creativity gives them the initiative to ask “Why not?”
  6. Spirit of Adventure: students are able to take on positive, healthy challenges at school and at home, with family and friends. Students with the spirit of adventure can become more confident and resilient and see life as full of opportunities worth exploring for their own sake.
- Encouraging a Sense of Purpose
  7. Leadership and Responsibility: students are able to express their ideas and are willing to accept consequences for their actions. Leadership empowers students to make just and appropriate decisions and to take pride in their actions.
  8. Confidence to Take Action: students believe in themselves. Confidence encourages students to dream about their future while being motivated to set goals in the present.

## Prevention Initiatives

Even though the data assessment may not have elevated the issues addressed by the following Initiatives to Key Finding status, they remain important and are beginning to demonstrate impact.

### Creating Change Project

Montana's three and one-half year *Creating Change Project*, which was funded through the federal Strategic Prevention Framework –State Improvement Grant (SPF-SIG) program and administered through the Montana Department of Public Health and Human Services, involved 23 of Montana's highest-risk communities in reducing the consumption and consequence indicators of binge drinking and drinking and driving, with an emphasis on preventing *underage* binge drinking and underage drinking and driving.

Participating communities used the Environmental Prevention Implementation Model developed by the Institute for Public Strategies to identify and work to change the elements within the community that support or condone unhealthy or unsafe decisions. The model focuses on community systems as opposed to individuals, and is based on the fact that individuals do not make decisions regarding their health and safety solely on the basis of personal characteristics. The collective culture or attitude within a community is also a determining factor.

The prevention strategies employed in the model are: Media Advocacy, Intentional Community Organizing, Applied Data and Research, Policy Development, and Enforcement. These strategies were used collectively to advance the environmental initiatives identified in each community as part of the solution to binge and underage drinking.

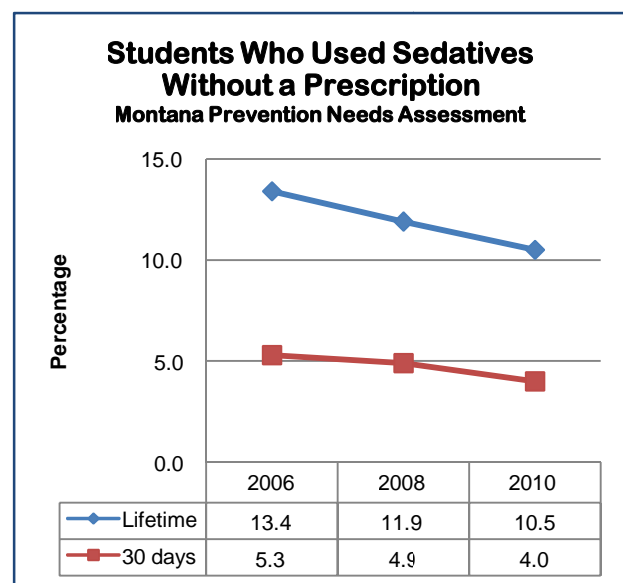
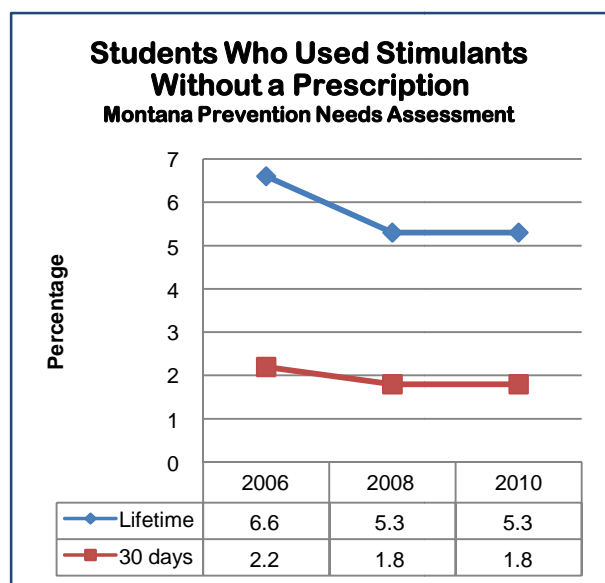
Directly connecting the *Creating Change Project* efforts to the reductions observed in some of the long-term outcomes is problematic since there also were other unrelated initiatives in play during 2008-2010. However, the significant number of successes and changes in key consumption and consequence indicators shows that the project has contributed in many ways, not the least of which appears to be that citizens are no longer willing to tolerate the consequences of drunk driving and other negative results of alcohol abuse. Giving a voice to citizens who before were muzzled by the perceived community support for Montana's hard drinking culture is a significant sustainable achieved result of the project because these voices will save lives, save money, and contribute to healthier communities.<sup>lxiv</sup>

### Prescription Drug Abuse

Montana Attorney General Steve Bullock has been spearheading an initiative to reduce the intentional abuse of prescription drugs.

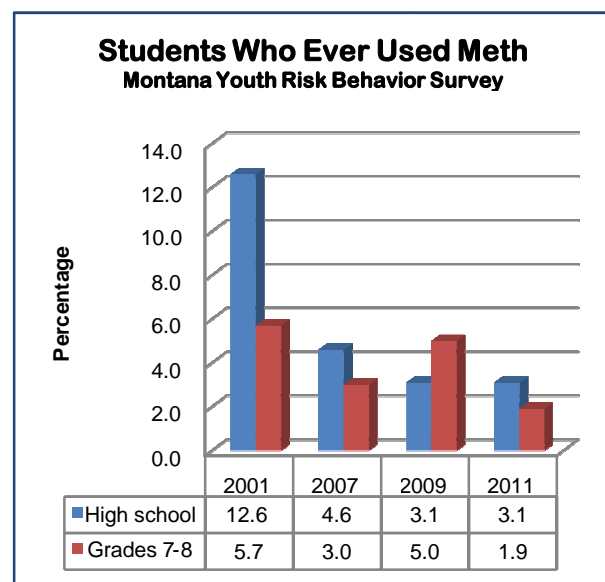
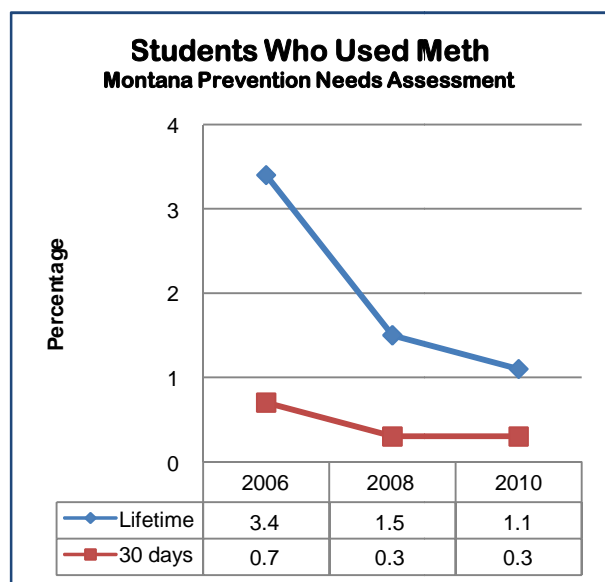
Each year, prescription drug abuse contributes to the deaths of more than 300 Montanans — making prescription drug abuse 15 times more deadly than meth, heroin, and cocaine combined. In 2006-2007, Montana youth report the third-highest rate of prescription drug abuse in the country, and more than half of them said prescription drugs are easier to get than street drugs. By 2008-09, Montana dropped out of the top ten.<sup>lxv</sup>

In 2011, 18.4 percent of high-school students and 6.2 percent of students in grades 7 and 8 who completed the Montana Youth Risk Behavior Survey said they had taken a prescription drug without a doctor's prescription. (This is the first year the question was asked.)



## Montana Meth Project

Launched in 2005, the Montana Meth Project is a large-scale prevention program aimed at significantly reducing first-time meth use through public service messaging, public policy, and community outreach. While the number of Montana adolescents who have ever used meth was never very large, the program has helped achieve large percentage declines in use. This reflects a nationwide drop in past-year use of methamphetamine at all grades.<sup>kv</sup>



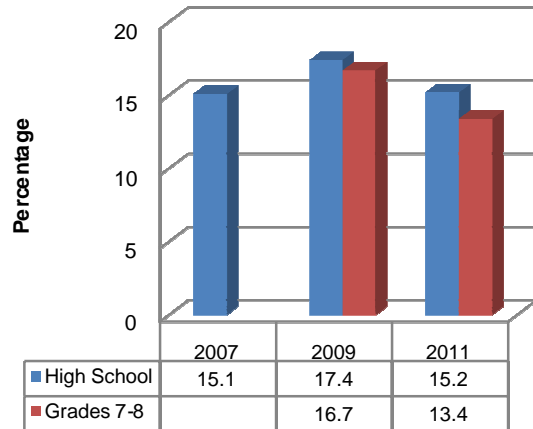


## Suicide Prevention

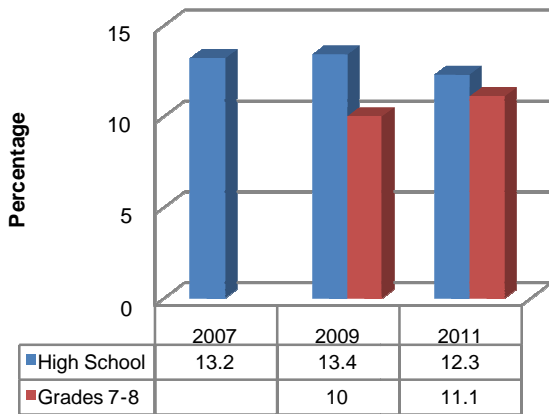
In 2007, suicide was the nation's third leading cause of death among youths age 15 – 24.<sup>lxvii</sup> That same year, approximately one in six Montana youths seriously considered suicide. Since that time, schools have made a concerted effort to prevent suicide among adolescents:

- 77 percent of middle schools and high schools have a teacher who tried to increase student knowledge of suicide prevention
- 39 percent of schools have a lead health education teacher who received professional development in suicide prevention in the last two years
- 70 percent of schools have a lead health education teacher who would like to receive professional development in suicide prevention<sup>lxviii</sup>

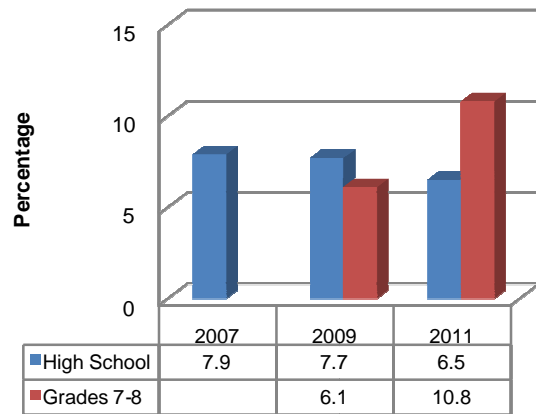
### Seriously Considered Suicide in the Past 12 Months Montana Youth Risk Behavior Survey



### Made a Plan to Attempt Suicide in the Past 12 Months Montana Youth Risk Behavior Survey



### Attempted Suicide in the Past 12 Months Montana Youth Risk Behavior Survey

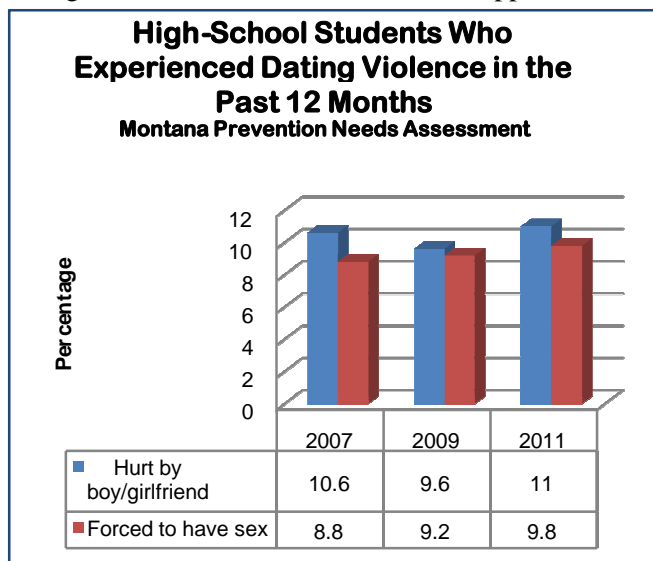


## Dating Violence Prevention

Nationwide, approximately one in three adolescent girls is a victim of physical, emotional, or verbal abuse from a dating partner, far exceeding victimization rates for other types of violence affecting youth; 26 percent of teen girls in relationships say they have been threatened with violence or experienced verbal abuse; and, 31.5 percent of sexually active high-school girls report ever experiencing physical or sexual violence from dating partner. Nearly 10 percent of high-school students have been hit, slapped, or physically hurt by their boyfriend or girlfriend.<sup>lxxix</sup>

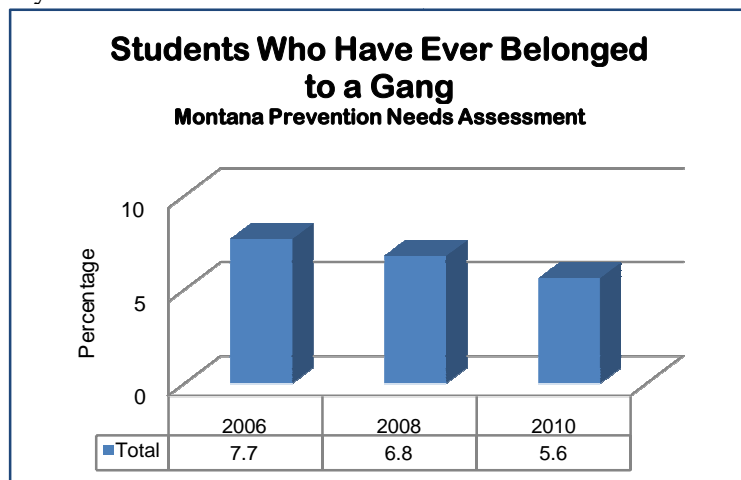
Victims of dating violence experience missed classes, saw their grades drop, and avoided school or social events. One study indicated an increase in the prevalence of dating violence as grades in school became poorer.<sup>lxxx</sup> Teen victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors, engage in risky sexual behaviors, and attempt or consider suicide.<sup>lxxxi</sup>

In 2010-11, 37 percent of Montana schools reported having a dating violence prevention program.<sup>lxxii</sup>



## Gang Threat

The *National Gang Threat Assessment 2009* suggested that youth and young adult gangs are spreading beyond their normal territories in urban centers to less traditional grounds in rural areas. Montana's first statewide assessment in 2011 lends empirical support to the presence of gangs in Montana communities identified by local law enforcement. Gangs can be found in some of Montana's most marginalized places. And, gangs with Hispanic/Latino origins were identified in the research, which may correspond with the significant increase in the Hispanic/Latino population of Montana. There is evidence that Montana gangs are involved in the street sale and distribution of illicit drugs.<sup>lxxiii</sup>



## EMERGING TRENDS AND OPPORTUNITIES

Two important cultural issues influence how adolescent health will be approached in the coming decade. First, the adolescent population is becoming more ethnically diverse and will require cultural responsiveness to health care needs and sharpened attention to disparate health and academic outcomes, which are correlated with poverty, especially among adolescents from minority racial and ethnic groups.

The second emerging issue is the increased focus on the use of positive youth development interventions for preventing adolescent health risk behaviors. Youth development interventions can be briefly defined as the intentional process of providing all youth with the support, relationships, experiences, resources, and opportunities needed to become successful and competent adults. There is growing empirical evidence that well-designed youth development interventions can lead to positive outcomes.<sup>lxxiv</sup>

Two important national-level considerations also support the work of Montana's Substance Abuse and Violence Prevention Task Force and may offer financial and/or technical support at some point in the future.

### **Closing the "School-to-Prison Pipeline"**

On July 21, 2011, the U.S. Departments of Justice and Education released a plan to combat education policies that push students out of school and limit their educational opportunities. The plan takes a significant step forward in closing the "school-to-prison pipeline," a set of school policies and practices that wind up funneling students out of school, providing a one-way path to the criminal justice system, and causing them to drop out altogether.

Attorney General Eric Holder and Secretary of Education Arne Duncan issued the new initiative on the heels of a study about Texas schools that revealed that 60 percent of Texas students received punishment such as expulsion or in-school suspension between 7<sup>th</sup> and 12<sup>th</sup> grade. Studies have demonstrated that students who were suspended were more likely to underperform academically, be retained a grade, drop out, commit a crime, and to eventually end up incarcerated as an adult.<sup>lxxv</sup>

This initiative may be important to Montana because of our large Native American student population. While juveniles are rare in the federal prison system, about half are Native American juveniles who enter the system because of crimes committed on American Indian Lands, over which states have no jurisdiction. While these cases are sometimes handled within a tribe's own justice system, some are prosecuted federally.<sup>lxxvi</sup>

### **Successful, Safe, and Healthy Students Act**

"Successful, Safe, and Healthy Students Act of 2011" (SSHSA) will authorize \$1 billion in grants to states to develop comprehensive, data-driven, and evidence-based programs that promote student health and wellness, prevent bullying, violence and drug use, and foster a positive school climate. In order to be grant eligible, local education agencies will have to establish policies to prohibit and prevent bullying and harassment of *all* students.

## RECOMMENDATIONS

### 1. Continue existing, successful strategies

Montana is making significant and impressive progress against alcohol abuse and violence in several key areas. These efforts should be continued in order to sustain and secure positive results.

### 2. Gather and monitor additional data

- Despite the absence of defined trends, it is important to monitor *marijuana* and *prescription drug* use because they are second only to alcohol in popularity with youth. Marijuana indicators reflect a rollercoaster pattern over the years, although certain Montana communities noted a recent spike in underage use and a decrease in perception of harm from using marijuana accompanying the legalization of medical marijuana and the 2009 Department of Justice guidelines recommending that federal prosecutors not pursue growers and users in states that allow use. The growing controversy regarding regulation has greatly increased the visibility of medical marijuana, while the broad-based acceptance of its use as medicine drives increased availability and a perception that it is not harmful. The Montana Prevention Needs Assessment indicates that a very small percentage of students are engaged in prescription drug abuse. The Montana Youth Risk Behavior Survey has just started collecting data about youth prescription drug abuse, so there is no trend data available yet. It will be informative to monitor both survey results.
- Understanding *law enforcement and court data* regarding underage alcohol use will provide a fuller picture that can substantiate or conflict with the mostly self-reported data collected now.
- Tracking *suspension, expulsion, drop-out, and court data* can help position Montana to break the so-called pipeline to prison.
- Gathering *academic performance data from alternative schools* can provide a clearer picture of the correlation between risk for substance abuse/violence and academic success.

### 3. Monitor key data

Continue to monitor data supporting the key findings in this report and continue to collect and monitor Montana gang research in order to confirm apparent problems identified in the Montana Gang Threat Assessment Report.

### 4. Tie Task Force efforts to existing prevention goals

Where possible, tie Task Force efforts to relevant Graduation Matters Montana Student Advisory Board, Montana Interagency Coordinating Council, and Healthy People 2020 Goals in order to focus efforts and increase impact.

### 5. Encourage schools to partner with others in comprehensive approaches

An isolated, school-based, prevention program does not provide the complete solution to reducing youth problem behaviors. A comprehensive prevention strategy addresses ATOD use, antisocial behavior, and risk and protective factors within a strategic framework—such as the one developed by the Center for Substance Abuse Prevention—and involves a broad community in supporting healthy decisions by youth.

### 6. Devote attention to students who attend alternative schools

Research model and proven practices to reduce alcohol abuse and violence at alternative schools and seek out funding to test solutions for Montana.

## **7. Encourage cultural responsiveness and inclusion of racial and ethnic minority students**

Culture plays a role in student behavior regarding substance abuse and violence. Therefore, it is important to tailor prevention efforts to be responsive to the heterogeneity of Montana's minority cultures. Targeted and tailored substance use prevention programs are needed because of 1) differences in substance use prevalence rates across racial/ethnic groups; 2) differences in the prevalence of the risk factors for substance use across racial/ethnic groups; and 3) differences in the predictors of substance use across groups.

Cultural responsiveness involves two dimensions: surface and deep structure. Surface structure involves matching intervention materials and messages to observable, "superficial" characteristics of a population. This may involve using people, places, language, product brands, music, food, locations, and clothing familiar to, and preferred by, the target audience. Surface structure refers to how well interventions fit within a specific culture.

Deep structure involves incorporating the cultural, social, historical, environmental, and psychological forces that influence the target health behavior in the target population. This includes understanding how members of the target population perceive the cause, course, and treatment of illnesses as well as perceptions regarding the determinants of specific health behaviors. Specifically, this involves appreciation for how religion, family, society, economics, and the government, both in perception and in fact, influence the target behavior.<sup>lxxvii</sup>

## **8. Expand efforts to reduce bullying**

Montana should continue and expand its model and proven program strategies against bullying. The Task Force also should seek out model and proven bullying prevention program strategies designed especially for Native American students, middle-school students, and students with disabilities.

## **9. Intentionally build protective factors in the school environment**

The Task Force should work to expand the Montana Behavioral Initiative, My Voice™ survey and Aspiration strategies, Safe Schools Assessment and Resource Bank, and SROs to more schools.

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## End Notes

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